NHS
Great Western Hospitals
NHS Foundation Trust

Application of the World Health Organisation (WHO) Surgical Safety Checklist (GWH, Adult and Children) Policy

Document No	SW&C - 00077	**Version No**	1.0
Approved by	Policy Governance Group	**Date Approved**	12/05/2021
Ratified by	Patient Quality Committee	**Date Ratified**	06/07/2021
Date implemented (made live for use)	07/07/2021	**Next Review Date**	06/07/2024
Status	LIVE		

Target Audience- who does the document apply to and <u>who should be using it</u>. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy
Special Cases	This policy excludes perineal suturing carried outside of the theatre environment.
Accountable Director	Associate Medical Director – Surgery Women and Children
Author/originator – Any Comments on this document should be addressed to the author	Theatres Quality Lead & Associate Medical Director.
Division and Department	Theatres. Surgery, Women & Children's Division
Implementation Lead	Theatres Quality Lead
If developed in partnership with another agency ratification details of the relevant agency	N/A
Regulatory Position	National Safety Standards for Invasive Procedures (NatSSIPs) https://www.england.nhs.uk/patientsafety/never-events/natssips/ Nursing and Midwifery Code of Conduct National Patient Safety Agency (NPSA) National Reporting and Learning System (NRLS) Care Quality Commission

Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

Service Teamwork Ambition Respect

Contents

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1   Introduction & Purpose

1.1   Introduction and Purpose of the Document

The Safer Surgery Saves Lives initiative was launched by the World Health Organisation (WHO) in 2008 to reduce the number of surgical errors and enhance patient safety during their procedure. In one year from 1st January 2009 to 31st December 2009 the National Patient Safety Agency (NPSA) National Reporting and Learning System (NRLS) received just over 155,000 reports of patient safety incidents from surgical specialities in England and Wales, of which over 1000 were reported to have led to severe harm or even death.

This initiative saw the introduction of a new surgical safety checklist, also known as the WHO checklist, for teams to use during invasive procedures as part of a major drive to make surgery and invasive procedures safer worldwide (NPSA, 2009 - Ref 1).

The NPSA adapted this checklist for use in England and Wales and it is intended for use with **ALL** patients undergoing surgical and invasive procedures as identified within the National Safety Standards for Invasive Procedures (NatSSIPs, 2015 - Ref 2).

The goal is to strengthen the commitment of **ALL** clinical employees to address safety issues in the clinical setting. The checklist highlights core safety standards that may be applied to all perioperative settings and forms part of the 5 steps to safer surgery (Ref 1). The NPSA guidance recommends that core standards can be added to, but must not be removed when adapting checklists for local use.

The purpose of the document is to ensure all employees within departments understands the procedure to follow when using WHO Surgical Safety Checklist when patients are undergoing procedures; to ensure that all patients receive high quality care through the consistent application of the WHO Surgical Safety Checklist.

The Trust has adopted the WHO Surgical Safety Checklist to improve safety in Procedure Rooms throughout the Great Western Hospitals NHS Foundation Trust (the Trust) which includes:

- Breast Care.
- Bronchoscopy.
- Cardiology (Cath Lab).
- Community Dentistry.
- Cystoscopy.
- Dermatology (Plastics).
- Day Surgery Unit (DSU).
- Emergency Department (ED).
- Endoscopy.
- Ear Nose Throat (ENT) Outpatients Department (OPD).
- Gynaecology.
- Haematology.
- Intensive Care Unit (ICU).
- Main Theatres.
- Maternity.
- Ophthalmology OPD.
- Oral Surgery (Oral Theatres and OPD).
- Peripherally Inserted Central Catheter Unit (PICC).
- Podiatry.
- Radiology RCR

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- Respiratory
- Rheumatology.
- Shalbourne.
- Radiology Minor.

The format of the checklist has been adapted for each individual area, however the core components have remained as per the National Structure set out by the NPSA.

Effective teamwork and optimum communications are crucial to assuring safe and effective care and are an acknowledged bi-product of completing the WHO checklists. These checks mitigate the risks and harm associated with invasive procedures where patient safety is a key element of maintaining professional registration for registered practitioners and clinicians.

The WHO Surgical Safety Checklist is a core set of safety checks, identified for improving performance at safety critical time points within the patient pathway including correct site surgery and forms part of a 5 step process including brief and debrief. The three steps in the checklist (sign in, time out, sign out) are not intended as a tick-box exercise, but as a tool to initiate effective communication between relevant members of the clinical team to ensure the safety of surgery. The checklist is intended for use within any clinical environment completing invasive procedures.

1.2   Glossary/Definitions

The following terms and acronyms are used within the document:

ANTT	Aseptic Non Touch Technique
CQC	Care Quality Commission
ED	Emergency Department
ENT	Ear Nose and Throat
ICU	Intensive Care Unit
IP&C	Infection Prevention and Control
NatSSIPs	National Safety Standards for Invasive Procedures
NHS	National Health Service
NPSA	National Patient Safety Alert
NRLS	National Reporting and Learning System
OPD	Out Patient Department
PICC	Peripherally Inserted Central Catheter
PQC	Patient Quality Committee
RCR	Radiology
SOP	Standing Operating Procedure
WHO	World Health Organisation

2   Main Policy Content Details

The WHO safer surgical checklist must be undertaken for all patients including those having invasive procedures under local and general anaesthetic, sedation and Entonox.

The addition of briefing, and debriefing are key in delivering the cultural change required to strengthen the safety process.

The checklist was designed to be adapted for local use; however the core safety elements are not to be removed from the amended checklist (NPSA, 2009). Where appropriate, WHO checklists must be incorporated into the patient care plan. It is the responsibility of a registered practitioner to ensure the checklist is completed accurately and held within the patient's care document.

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2.1 Application of the WHO Surgical Safety Checklist

- The Clinician Performing the Procedure retains overall accountability to ensure that the WHO Safety Checklist is completed robustly.
- Registered Practitioners: Nurses (Nursing Midwifery Council (NMC)), have a professional obligation to as part of the Code of Professional Standards *"be aware of and reduce as far as possible, any potential for harm associated with your practise… to take measures to reduce as far as possible the likelihood of mistakes, near misses, harm and the effect of harm if it takes place.* As do Clinicians (General Medical Council) Allied Health Professionals (Health and Care Professions Council (HCPC)).
- Registered Practitioners will maintain overall responsibility for completion of the WHO Surgical Safety Checklist but may choose to delegate any part of the tasks related to its application to non-registered employees (Theatre Support Workers, Health Care Assistants, Assistant Practitioners) other than the required registered practitioner's signature. The registered practitioner retains professional accountability for the appropriateness of the delegation of that task.
- Registered practitioners will not be accountable for the decisions and actions taken by the delegated person, however, will be responsible for the overall management of the person in their care. The registered practitioner will be accountable for the decision to delegate.
- The registered practitioner delegating any part of the task related to the application of the WHO Surgical Safety Checklist to Medical or Operating Department Practitioner/Nursing students or support workers must ensure that they have the knowledge and skills to carry out this task, and that they are properly supervised.

2.2 Process for performing the WHO Surgical Safety Checklist

- All team members must show respect for the process, be present and fully participate in all steps of the checklist process. This means no conversations in the background; the computer is not to be used, phones and bleeps should not be answered and no other distractions must be present.
- "Silent Cockpit' principles should be adopted during all steps.
- Prior to the commencement of the procedure all employees must participate in the briefing by the team allocated to the list.
- Employees must introduce themselves to each other by name and role; this may be a confirmation that they all know one another.
- Any changes to the published list must be discussed.
- As appropriate any issues related to the organisation of the list must be discussed e.g. staffing, wards, recovery, beds, radiology.
- The employee must discuss special procedural requirements, equipment, instruments, and antibiotic prophylaxis requirements and be prepared for these being required as necessary.
- In the event of a category 1 procedure in Maternity, an emergency checklist is found on the reverse of the WHO checklist in the Maternity Theatre Documentation – this should be utilised to expedite the procedure if immediate birth of the baby is required

2.3 Sign In – Before administration of Local and General Anaesthetic, Sedation or Entonox and prior to the Commencement of the Procedure

- Every patient having an interventional procedure will have a WHO Safety Checklist. This checklist will have the following patient identifiers on it – Name, Date of Birth, Hospital Number, Address, NHS Number (a patient label will suffice) in line with Patient Identification Policy – All Patients Trust wide (with exceptions) (Ref 4); the identifiers will be on every page of the checklist.
- The checklist will be completed in the presence of the patient.

- All steps will be verbalised so that all employees can hear them
- A registered practitioner/delegated person will instigate the 'Sign In' and clearly mark the checklist in the appropriate space to confirm the checks have taken place.
- If at any point during 'Sign In' the team is interrupted by an individual external to the team the checklist should be suspended and recommenced when all team members can pay full attention to the process

2.4 Time Out – Before Start of Surgical Intervention

This step is the final check before surgery/ procedure commences and is the final opportunity to ensure that:

- This is the correct patient.
- For the correct procedure.
- On the correct site.

It is crucial that all of the employees present pause from their duties at this point and give their full attention.

The most senior surgeon who is to perform the procedure is responsible for initiating the "Time Out" and must read out the questions, complete the WHO checklist and sign legibly in the central box.

- Clinician's/ Consultant surgeons and anaesthetists must be present for team briefs and for WHO checks UNLESS the whole list is scheduled to be performed by a more junior employee without consultant support in attendance
- Consultants who are expecting to supervise a trainee MUST still be present at the time-out if the case is happening on one of their scheduled job-planned lists
- Within Theatres, The anaesthetic and scrub team must not allow a WHO check to progress without the full engagement of the surgical team; similarly, the surgeons must ensure that there is full engagement from the anaesthetic and scrub teams as appropriate. All members of team should be satisfied that the checks are correct.
- The WHO check must be done with the full engagement of the whole team; music must not be playing; anaesthetists and ODPs must not be moving in and out of the anaesthetic room/clinic rooms; TSWs/clinical staff must not be setting up or adjusting kit
- Any member of the team should feel empowered to raise a concern and seek further confirmation, e.g. identity, appropriate consent, correct site, correct surgery.
- When a senior surgeon, who was not present at the WHO time-out, comes into theatre and takes over the responsibility of any surgical procedure, a new mini-WHO time-out must be performed so that the correct side, site and procedure can be re-confirmed with the whole theatre team. Similar checks should be performed during anaesthetic and scrub team change-over.

2.5 Sign Out – at the End of the Procedure and Prior to any Employee Leaving the Room

The lead surgeon must be present and participate, unless there are extenuating circumstances, such as attendance at an emergency case elsewhere, in which case specific delegation to a more junior surgeon, i.e. the assistant / registrar, must happen before the surgeon leaves the room.

- All steps will be verbalised so that all employees can hear them.
- The Registered Theatre Practitioner/Clinician/Nurse will confirm all the team members are present and initiate the checklist by reading out loud all points in the 'Sign Out' section.

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- If at any point during completion of 'Sign Out' a member of the team is required to leave the clinical environment, the checklist must be suspended and recommenced when all are present.
- If at any point during 'Sign Out' the team is interrupted by an individual external to the team the checklist must be suspended and recommenced when all team members can pay full attention to the process.
- Any concerns/problems/issues raised during 'Sign Out' should be documented and passed to the relevant department manager/Theatre Coordinator.
- Any adverse events that have arisen during the procedure must be logged and reported on an incident notification form if necessary.
- The team should acknowledge formally any concerns for recovery and/or post procedure management of the patient.
- The WHO Surgical Safety Checklist must be signed by the registered practitioner who has led/has responsibility for the checks.
- The WHO Surgical Safety Checklist must be signed by the clinician. He/she must complete the procedure performed and date. Name must also be printed legibly.

2.6 List Debriefing

The whole team, including the clinician carrying out the procedure/Theatre list, debrief at the end of the list to review the procedures undertaken on the list. This is meant to be a learning and improving session to see what could be done better next time.

The whole team must acknowledge whether there were any problems or concerns with:

- Booking.
- Time.
- Equipment.
- Staffing, and
- Any other questions or comments

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Monthly audits of compliance with the WHO checklist completed	Database completed on a monthly basis and submitted to Quality Governance Facilitator. Report to relevant departmental and trust wide meetings.	Departmental teams/Quality Governance Facilitators	Monthly	Departmental Governance Meetings and Divisional Board.	Action plan should be developed to support closure of gaps

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Monthly audits of compliance with the WHO checklist completed			Quarterly	Trust overview presented at Patient Quality Committee (PQC)	Request to attend PQC and provide improvement plan

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Senior Operating Surgeon or Clinician

The role of the senior operating surgeon/clinician retains overall accountability to ensure that the WHO Surgical Safety Checklist is fully completed.

4.3 Clinical Leads, Divisional Managers & Divisional Directors of Nursing

The role of the Clinical Lead, Divisional Manager and Divisional Directors of Nursing is to:

- Assume overall responsibility for compliance with this policy within their areas. This includes ensuring that Senior Managers have agreed and instigated a structure that ensures all employees have been informed, educated and trained appropriately in the utilisation of the WHO Surgical Safety Checklist in any environment where interventional procedures are taking place, and that they remain competent to do so.
- Monitor the compliance of the procedures set out in the WHO Surgical Safety Checklist Policy, for all clinicians at the Trust.
- Receive and monitor monthly results of the WHO audits and provide compliance information to Trust committees.

4.4 Theatre/Departmental Managers

The role of Theatre/Departmental Managers is to:

- Assume day-to-day responsibility for the implementation of this policy.
- Ensure the health, safety and risk management standards are met and maintained, and any risks minimised during the use and safe application of the WHO Surgical Safety Checklist.
- Ensure new employees have an induction package to assess competence in the 'Application of the WHO Surgical Safety Checklist' procedure. Objectives and competencies are also set for the area or speciality to complete within a timescale dependant on the skill. For those workers who require language support, further learning competences are required.
- Complete monthly monitoring and review of WHO checklist data for 5-10% of patients undergoing invasive procedures (if patients requiring a WHO checklist exceeds 400 per month, department to review 40 patients as part of their monitoring, if sample size is 10 or

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less, department to review all). Monthly data to be submitted to Divisional Quality Governance Facilitator (see Appendix C)

- Discuss and review Monthly data at departmental governance meetings to support and identify possible areas of improvement.

4.5   Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.6   Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.
- Employees as set out in the Target audience of this policy are expected to adhere to the principles of the WHO Surgical Safety Checklist in environments where invasive procedures are taking place.

5   Further Reading, Consultation and Glossary

5.1   References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	National Patient Safety Agency- Patient Safety Alert-WHO Surgical Safety Checklist	https://www.rcophth.ac.uk/wp-content/uploads/2015/01/WHO_-_NPSA_generic_checklist.pdf
2	National Safety Standards for Invasive Procedures (NatSSIPs)	https://www.england.nhs.uk/patientsafety/never-events/natssips/
3	NMC Code of Conduct	https://www.nmc.org.uk/code/
4	Patient Identification Policy -All Patients Trust wide (with exceptions)	Trust Wide Documents

5.2   Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Divisional Director of Nursing and Midwifery	19.04.21
Associate Medical Director – Surgery Women and Children	12.04.21

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Job Title / Department	Date Consultee Agreed Document Contents
Elective Scrub Team Clinical Lead (Theatres)	29/4/21
Elective Orthopaedic Clinical Lead (Theatres)	29/4/21
Anaesthetic Practitioner Clinical Lead (Theatres)	29/4/21
Clinical Services Manager (Theatres)	19/4/21
Deputy Divisional Director (Surgery Women's and Children's Division)	19/4/21
Associate Medical Director (Surgery, Women's and Children's Division)	19/4/21
Head & Neck (Dental, Ophthalmology, ENT) Ward Manager (End User)	19/4/21
Obstetric Matron (End User)	15/4/21
Day Surgery (End User)	29/4/21
PICC (End user)	19/4/21

# 6	Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

	At this stage, the following questions need to be considered:		
1	What is the name of the policy, strategy or project? Application of The World Health Organisation (WHO) Surgical Safety Checklist Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy is intended to provide continuity and standardised safety checks to prevent avoidable harm to our patients undergoing invasive or surgical procedures. This policy supports improved patient experience by making surgery and invasive procedures safer by providing standardised safety checks across the trust.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Alice Bond
Date completed	25/3/21
Job Title	Clinical Lead- Quality Theatres

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

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Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?
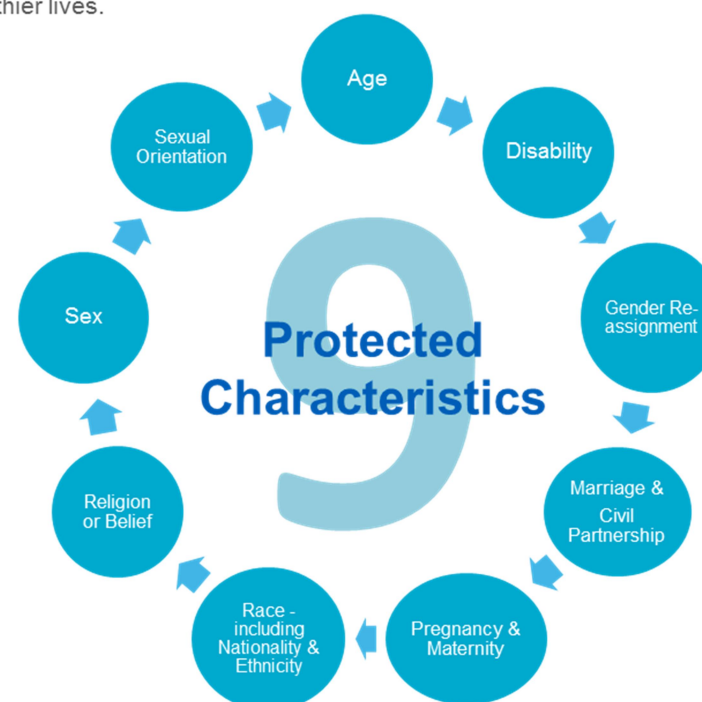
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.

9 Protected Characteristics

- Age
- Disability
- Gender Re-assignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race - including Nationality & Ethnicity
- Religion or Belief
- Sex
- Sexual Orientation

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Appendix C - Template for Local Departmental Adaptation

WHO Checklist Data Collection and Monitoring Process
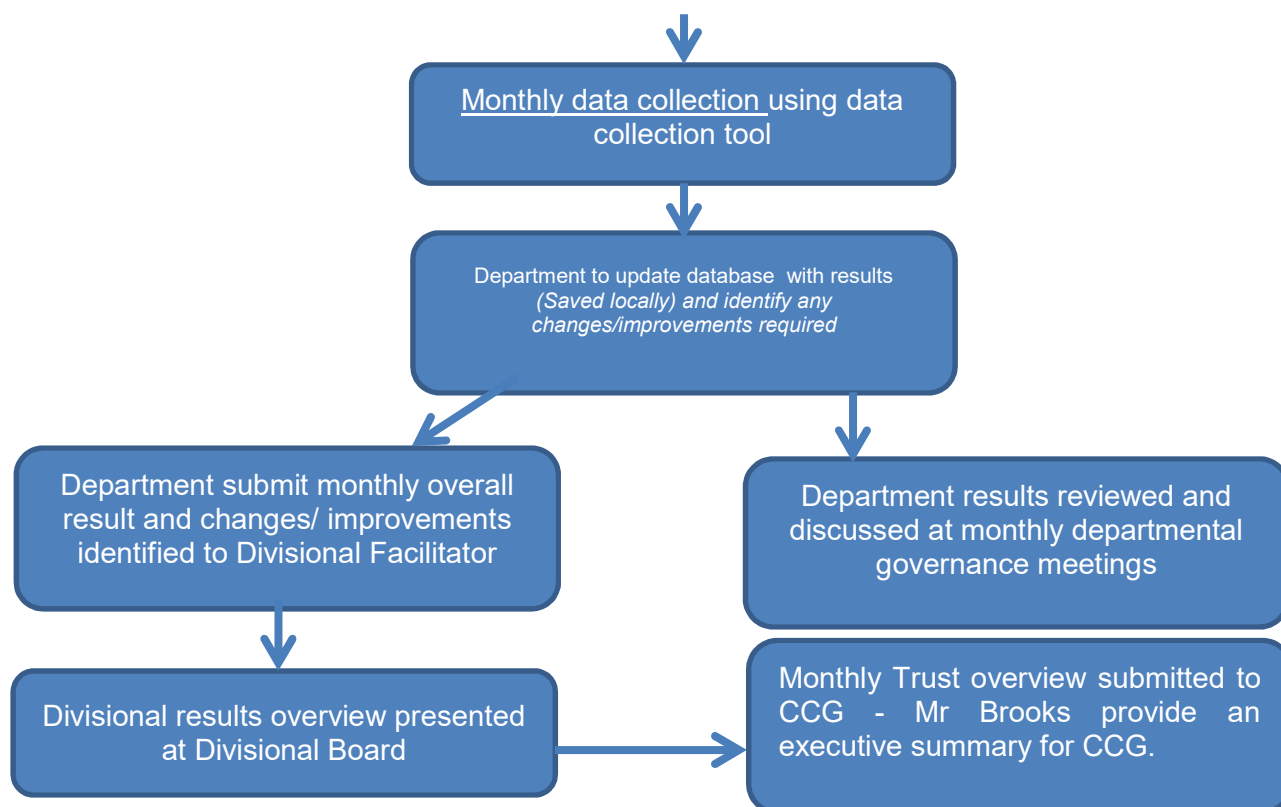Measurement Plan TEMPLATE FOR LOCAL DEPARTMENTAL ADAPTATION

Data Collection Guidelines
• Agree sample size
• Each month review records of sample, review completion of whole WHO checklist
• Submit data on to the departments local data collection tool
• **Missing data sets scores a negative response (No). If checks have been completed/filled in, this denotes a positive response (Yes).**
• Data to be taken to departmental governance meeting for review and discussion
• Discuss opportunities for improvement and agree actions required to achieve this
• Send monthly results to your Divisional Governance Facilitator to input on to the central database

Measure Name	Percentage of patients with completed WHO safer surgical checklist
Measure Type	Process
Related Driver	Use of standardised safer surgical checklist for all invasive procedures
Description	Percentage of patients undergoing an invasive procedure who have a completed WHO checklist
Rationale	Use of a standardised safer surgical checklist reduces the risk of surgical error.
Numerator	Total number of cases where WHO safer surgical checklist has been completed
Data Source	Medical records/Medway/System1/Informatics
Denominator	Total number of case notes reviewed
Method of calculation	Divide the number of patients with WHO completed with the total number of patients in the sample size. Multiply by 100
Collection Guidance *Local adaptation required*	Each month **randomly** select agreed sample size of (examples- **5-10% of applicable patients per month, if sample size is 400 or more- 40 patients to be reviewed, if sample size is 10 or less, all patients should be reviewed)** that have undergone an invasive procedure within the department. Review records to identify presence and accurate completion of safer surgical checklist

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Monthly data collection using data collection tool

Department to update database with results *(Saved locally) and identify any changes/improvements required*

Department submit monthly overall result and changes/ improvements identified to Divisional Facilitator

Department results reviewed and discussed at monthly departmental governance meetings

Divisional results overview presented at Divisional Board

Monthly Trust overview submitted to CCG - Mr Brooks provide an executive summary for CCG.

WHO Checklist Submission Information								
Dept	Division	WHO Lead	Month	Number of Patients reviewed	Number of WHO Checklists Completed	# of Correctly Completed WHO Checklists	Key Assurances	Areas for Improving