

## Application of the WHO Surgical Safety Checklist Policy

**CLIN CORP 100**

Target Audience				
Who should read this policy:	Planned Care CBU	Urgent Care CBU	Specialist Services CBU	Corporate
Trust wide	x		x	x



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## **Explanation of terms used in this policy**

WHO - World Health Organisation.

Surgeon – operating clinician performing the surgical/interventional procedure, regardless of designation.

Perioperative environment – Theatre Suite or departmental area/room where the surgical/interventional procedure is performed

## **1. INTRODUCTION**

Southport and Ormskirk Hospital NHS Trust has adopted the WHO Surgical Safety Checklist to improve patient safety in the perioperative environment. This document sets out the Trust's Policy and Procedures for compliance with these checks.

WHO launched the Surgical Safety Checklist (2008) in response to an identified global risk of patient safety, with the aim to diminish the number of surgical deaths across the world. It emphasises a core of surgical safety principles to keep common problems at the front of everyone's mind.

Effective teamwork and optimum communications are crucial to assuring safe and effective care and are an acknowledged bi-product of completing the WHO checklists. Pre - op briefs and post – op de-briefs will be included as part of this process. These checks mitigate the risks and harm associated with surgical procedures where patient safety is a key element of maintaining professional standards for registered practitioners (HPC 2008, NMC 2008). It is an essential element of clinical governance frameworks and risk management processes which all staff are required to fulfil.

## **2. PURPOSE**

The purpose of the document is to ensure all staff understands the procedure to follow with respect to the use of the WHO Surgical Safety Checklist (Appendix 1) which has been incorporated in the perioperative pathway.

This policy is intended for use when patients are attending hospital for surgical intervention within operating theatres, outpatient minor surgery, imaging, maternity and dermatology. This list is not exhaustive as other areas performing invasive procedures may wish or be required to adopt WHO safety checks.

### **2.1. Invasive Procedures excluded from the scope of the WHO Policy**

In accordance with 2016 NHS England guidance, invasive procedures undertaken outside the Theatre environment are not included within the scope of the WHO Theatre Checklist. These procedures are subject to Safety Standards for an Invasive Procedure (SSIP).

Following this guidance, Southport and Ormskirk NHS Trust applies the WHO Theatre checklist for invasive procedures undertaken in the Operating Theatres and Dermatology.

Invasive procedures performed elsewhere in the Trust are subject to Safety Standards. A safety standard may be written locally and described as a 'LocSSIP', or be adopted from national safety standards, described as a 'NatSSIP' procedure. Each Clinical Business Unit is responsible for producing appropriate Safety

Standards for each invasive procedure that is performed within the clinical activity of the CBU.

A library of Safety Standards for Invasive Procedures performed within the Trust, has been established on the Trust Intranet. There is a separate Trust policy for Safety Standards for Invasive Procedures performed outside the operating theatre.

### **3. OBJECTIVES**

This policy applies to all staff regardless of grade or profession working at the Trust who is involved in a patient surgical care pathway where the WHO Surgical Safety Checklist use is required.

### **4. LEGAL AND PROFESSIONAL OBLIGATIONS**

The operating surgeon retains overall accountability to ensure that the WHO Surgical Safety Checklist is completed robustly.

Registered Practitioners: Nurses, Midwives, Allied Health Professionals and Operating Department Practitioners (ODP's), have a professional obligation to provide a 'duty of care' to their patients (NMC, 2011, HPC, 2008).

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 staff 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 be accountable for the decision to delegate and will be responsible for the overall management of the patient in their care. The registered practitioner will be accountable for the decision to delegate and that the person they are delegating to is able to carry out the duties and that they are supervised.

The registered practitioner delegating any part of the task related to the application of the WHO Surgical Safety Checklist to students or support workers must ensure that they have the knowledge and skills to carry out this task, and that they are properly supervised.

### **5. PROCESS**

#### **5.1. List Briefing**

Prior to the commencement of the operating list – participation by the full theatre team allocated to the operating list

Staff must introduce themselves to each other by name and role. This information will be recorded on a visible wipe clean board in theatre; however this may not be appropriate for all areas.

Any changes to the published Operation list must be discussed, and a new version of the operating list **must** be printed

Any issues related to the organization of the list must be discussed e.g. staffing, wards, recovery, beds, radiology, equipment required.

At the ODGH site, at the completion of List Briefing the team will inform the Forward Waiting staff until what time each patient on the operating list can receive still water.

Forward Waiting staff (at ODGH site) will inform the ward until what time each patient on the operating list can receive still water.

## **5.2. WHO Surgical Safety Checklist Theatre and all other General Anaesthetic activity only**

Every Patient will have a Pre-Op Assessment and Pre-Op Checklist completed prior to surgery

The WHO Surgical Safety Checklist will be used on every patient, in the operating theatre. In other locations such as the treatment centre, family planning clinics either a modified WHO theatre checklist or a relevant safety standard for an invasive procedure may be used.

All steps will be read out loud though steps relating to aspiration/airway risks and blood loss may be treated with discretion.

“Silent focus” principles should be adopted during all steps, all team members must show respect for the process, be present and fully participate in all steps of the check procedure. (as referred to on the Surgical Safety Check List “HOW TO” document).

## **5.3. Sign In – Before Induction of anaesthesia**

The lead surgeon is responsible for initiating the “sign in”. The anaesthetist and anaesthetic practitioner should also be present.

The team will verbally confirm out loud all points detailed on the sign in section of the WHO Surgical Safety Checklist. Discretion may be used for questions relating to airway/aspiration risk and blood loss.

The anaesthetic practitioner will clearly mark the checklist in the appropriate place to confirm the check has taken place and will ensure the Sign In documentation is fully completed.

#### **5.4. Time Out – Before start of surgical intervention for example skin preparation**

To be completed by the whole operative team including surgeon(s) and Anaesthetist – the senior operating surgeon retains the accountability to ensure that this check is fully completed.

A registered practitioner/delegated person will confirm all team members are present and read out loud all points contained in the timeout section of the checklist. Discretion may be used for questions relating to blood loss if the patient has a local or regional anaesthetic.

If at any point during completion of the checklist a member of the team is required to leave the theatre the checklist should be suspended and recommenced when all are present.

If at any point during completion of the checklist 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.

Any concerns or queries raised by any team member must be resolved before surgery commences.

The registered practitioner/delegated person will clearly mark the checklist in the appropriate place to indicate the point has been discussed.

The registered practitioner must print their name and sign to confirm the Time-Out check is complete.

If at any point during the procedure a member of the team is replaced or a further member of staff joins the team they will be introduced by name and designation and be briefed on the procedure, given any necessary information and have sight of the consent form.

For all multi-stage procedures – Before each stage of the operation the consent form must be re-checked.

#### **5.5. Sign-out - after completion of the final swab and instrument count and prior to any staff member leaving the operating theatre**

To be completed by the whole operative team including surgeon(s) and Anaesthetist

A registered practitioner/delegated person will confirm all team members are present and initiate the checklist by reading out loud all points contained in the sign out section of the checklist.

If at any point during completion of the checklist a member of the team is required to leave the theatre the checklist should be suspended and recommenced when all are present.

If at any point during completion of the checklist 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.

Any concerns or issues that have arisen during the procedure must be reported immediately to the theatre coordinator and on Datix where necessary.

The team formally acknowledges any concerns for recovery and postoperative management of the patient.

The Operative Procedure Sign Out on the Perioperative Pathway must be signed by the Scrub practitioner, circulating practitioner, anaesthetic practitioner, Surgeon and the Anaesthetist then filed in the patient medical record.

## **5.6. List Debriefing**

The whole theatre team including surgeon(s) and anaesthetist(s) debrief at the end of the operating session to review the procedures undertaken on the operating scheduler suitable interval to review the procedures undertaken on the operating schedule

The whole team acknowledges:

- What went well?
- Any challenges or concerns about the list
- Communication, skill-mix, issues outside theatre, timing issues
- Any specific equipment issues that needed to be addressed before the next list
- Anything that could have been done to make the list safer
- Anything that could have been done to make the list more productive

The registered practitioner is responsible for the completion of the WHO Surgical Safety Checklist but may choose to delegate any part of the tasks related to its application to non-registered staff other than the required registered practitioner's signature. The registered practitioner retains professional accountability for the appropriateness of the delegation of that task.

## **6. PROCEDURES CONNECTED TO THIS POLICY**

Perioperative Pathway



**6.1. LINKS TO RELEVANT LEGISLATION**

National Patient Safety Agency 2010 How to Guide: Five Steps to safer surgery  
WORLD Health Organisation 2009 Surgical Safety Check List

**6.2. Links to Relevant National Standards**

NPSA (2009) WHO Surgical Safety Checklist (adapted for England and Wales)

**6.3. Links to other key policy/s**

Corporate 68 - Development and Management of Procedural Documents

**6.4. References**

Adapted from Royal Cornwall Hospitals Policy for Application of the WHO Surgical Safety Checklist

NPSA (2009) WHO Surgical Safety Checklist (adapted for England and Wales)  
[www.npsa.nhs.uk](http://www.npsa.nhs.uk)

WORLD Health Organisation 2009 Surgical Safety Check List Available from :  
[www.who.int/patientsafety/safesurgery/tools\\_resources/en/index.html](http://www.who.int/patientsafety/safesurgery/tools_resources/en/index.html)

National Patient Safety Agency 2010 How to Guide: Five Steps to safer surgery  
Available from: <http://www.nrls.npsa.nhs.uk/resources/collections/10-for-2010/five-steps-to-safer-surgery/>

National Health Service Litigation Authority, 2013/2014

[www.england.nhs.uk](http://www.england.nhs.uk) NHS England guidance 2016

## 7. ROLES AND RESPONSIBILITIES FOR THIS POLICY

Title	Role	Responsibilities
All Staff	Use	<p>The Trust expects all staff, including temporary staff working in the Trust or those working in the Trust from other organisations, to adhere to the following principles before assisting with or undertaking tasks related to the application of the WHO Surgical Safety Checklist in environments where interventional procedures are taking place:</p> <ul style="list-style-type: none"> <li>• To work within their sphere of competency</li> <li>• Identify their training requirements with their line manager/supervisor</li> <li>• Remain vigilant for discrepancies in practice and be able to challenge appropriately and/or report as necessary</li> <li>• Be aware of the Trust procedures for reporting an Incident or near miss event</li> <li>• Take part in the competency programme, access training and/or supervised practice with regard to the WHO Surgical Safety Checklist</li> <li>• Be recorded as competent on appropriate Trust training record sheets</li> <li>• If deemed 'not competent', work with their mentor on planned activities designed to support the staff member in achieving competence.</li> </ul>
Theatre/Departmental Managers	Responsibility	<p>Assume day-to-day responsibility for the implementation of these guidelines.</p> <p>Ensure the health and safety and risk management standards are met, minimised and maintained during the use and safe application of the WHO Surgical Safety Checklist.</p> <p>Maintain a recording system to reflect all staff in their department who takes part in the safe application of the WHO Surgical Safety Checklist is adequately trained.</p>

		<p>Ensure training records reflect that each staff member:</p> <ul style="list-style-type: none"> <li>• Has read the latest WHO Surgical Safety Checklist Policy</li> <li>• Has been assessed as competent in the use of the WHO Surgical Safety checklist and/or is working toward that competency</li> <li>• The name of the person performing the assessment</li> <li>• Ensures new members of staff have an induction package which assesses competence in the 'Application of the WHO Surgical Safety Checklist' procedure.</li> </ul> <p>Organise and perform quantitative &amp; qualitative audits of the WHO Surgical Safety Checklist. Report monthly on the results of the WHO audits to the CBU management team.</p>
Matron for Theatres	Responsible	<p>Assumes overall responsibility for compliance with this policy within their areas and ensure that Senior Managers have instigated and agreed a structure that ensures all staff 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</p> <p>Monitor and record the dissemination, training, competency and compliance of the procedures set out in the WHO Surgical Safety Checklist Policy.</p>
Senior Operating Surgeon/Clinician	Accountable	The senior operating surgeon/clinician retains overall accountability to ensure that the WHO Surgical Safety Checklist is completed robustly.
Heads of Nursing / Clinical Director	Compliance	Heads of Nursing and Clinical Director are responsible for ensuring compliance with the policy. They will also support Matrons/ Clinical Managers/ Coordinators/ Team Leaders/ Clinicians/ Departmental staff in implementing and monitoring safe systems of practice
Assistant Director of Operations / Associated Medical Director	Management	Responsible for management and demonstration of compliance of clinicians

Director of Nursing and Quality	Executive lead	The Director of Nursing and Quality is the delegated Executive with responsibility for patient experience and patient safety.
Chief Executive	Accountable officer	As accountable officer, the Chief Executive is responsible for ensuring that systems are in place with regard to patient safety. This is delegated to the Director of Nursing & Quality.

## 8. TRAINING

<b>What aspect(s) of this policy will require staff training?</b>	<b>Which staff groups require this training?</b>	<b>Is this training covered in the Trust's Mandatory and Risk Management Training Needs Analysis document?</b>	<b>If no, how will the training be delivered?</b>	<b>Who will deliver the training?</b>	<b>How often will staff require training</b>	<b>Who will ensure and monitor that staff have this training</b>
All	Theatre staff	No	An introduction to the WHO Surgical Safety Checklist must be included in the orientation programme for all new staff. Documentary evidence of this must be available.	Training officer for theatres	Once	Clinicians is the responsibility of the Associate Director of Operations Training officer WHO Surgical Safety Checklist. Documentary evidence of this must be available.

## **9. EQUALITY ANALYSIS ASSESSMENT**

Southport & Ormskirk Hospital NHS Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available on the Intranet. If you require this policy in a different format e.g. larger print, Braille, different languages or audio tape, please contact the Corporate Governance Team.

## **10. DATA PROTECTION AND FREEDOM OF INFORMATION**

This statement reflects legal requirements incorporated within the Data Protection Act and Freedom of Information Act that apply to staff who work within the public sector. All staff have a responsibility to ensure that they do not disclose information about the Trust's activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

## 11. MONITORING THIS POLICY IS WORKING IN PRACTICE

Monitoring this policy is working in practice	Where described in the policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
The Pre-list and Post-list team brief is reviewed to ensure correct implementation.	5.4 5.7	Monthly audit of pre-list and post-list team briefs for each theatre. 1 list from each theatre per month. Audit tool attached (Appendix I)	Theatre Manager	Monthly	CBU Governance Meeting	Planned Care Governance Meeting Maternity services Governance meeting	
The implementation of the WHO surgical safety checklist is reviewed.	8.7.5	Monthly audit using the WHO safer surgery checklist audit tool. 1 list from each theatre per month. Audit tool attached (Appendix I)	Theatre Manager	Monthly	Theatre Group	Planned Care Governance Meeting Maternity services Governance meeting	
The implementation of the WHO	8.7.4	Annual documentation audit of the peri-	Theatre Manager	Annual	Planned Care Governance Meeting /	Planned Care Governance Meeting	

surgical safety checklist is reviewed.		operative pathway. Audit tool attached (Appendix 2)	Head of audit and effectiveness		Operational Risk Management Committee		
The completion of the WHO surgical safety checklist in the perioperative pathway	5.64	Matrons Checklist  Quality Dashboard	Matron for Theatres	Monthly	Planned Care Governance Meeting / Operational Quality Committee	Planned Care Governance Meeting	

## 12. APPENDIX

- Appendix 1      Audit of WHO Safer Surgery Checklist
- Appendix 2.    Audit of Documentation in Peri-Operative Pathway
- Appendix 3.    WHO Surgical Safety Operating List Briefing Debriefing Document Team Brief / Debrief Document
- Appendix 4.    WHO Surgical Safety Check List How To

## 12.1. Appendix 1 Audit of WHO Safer Surgery Checklist

<b>Project 13-305 - Audit WHO Safer Surgery Checklist</b>										
<i>Methodology:</i> Audit 1 list for each theatre every month Theatre Manager will observe practice during 1 case from each list										
Date								Theatre:		
								Site	List:	
								<input type="checkbox"/> ODGH	<input type="checkbox"/> AM	
								<input type="checkbox"/> SDGH	<input type="checkbox"/> PM	
									<input type="checkbox"/> All Day	
<b>Surgeon</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>										
<b>Anaesthetist</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>										
<b><u>Pre - List Briefing</u></b>										
								Yes	No	NA
Did a briefing take place prior to the commencement of the operation list?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there full participation by the full theatre team allocated to the operating list?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff introduce themselves by name and role?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the names recorded on a visible wipe clean board?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any changes to the published Galaxy list discussed?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any issues relating to the organisation of the list discussed?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did staff discuss special surgical requirement, equipment, instruments, prostheses and implants, patient position, blood transfusion requirement including cell salvage, allergies and antibiotic prophylaxis requirements.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>State roles of anyone who did not participate:</u></b>										
<b><u>During Surgery 1 case from each list</u></b>										
								Sign In	Time Out	Sign Out
A designated member of the team leads the appropriate stage of the safety check. The team member is observed to use the check list and to clearly let the team know that the safety check is taking place								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On announcement of the start of the safety check - the team focus on the questions being asked. Any potential distractions such as music are eliminated. No disrespectful comments are made about the process.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The team utilise the appropriate checklist and follow its format accurately. There are no adaptations other than those agreed by the Trust for specialist areas.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation completed accurately?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation at each stage of process not retrospectively?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any distractions or interruptions during surgery (chatting)?								<b><u>Comments</u></b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<input type="checkbox"/> Yes										
<input type="checkbox"/> No										
<b><u>Post List Briefing</u></b>										
								Yes	No	NA
Did a briefing take place after completion of the operation list?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss what went well?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss challenges or concerns about the list?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss communication skill mix issues outside of theatre?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss equipment issues to be addressed before the next list?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss what could have been done to make the list safer?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the members discuss what could have been done to make the list more productive?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do any issues need escalation to the theatre manager?								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there were any clinical incidents were they reported on DATIX								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Roles of staff who did not participate</u></b>										





## 12.2. Appendix 2. Audit of Documentation in Peri-Operative Pathway

### Project 13 - 305 – Audit of Documentation in Peri-Operative Pathway

**Methodology:** Audit 50 random peri-operative pathways annually  
Complete one questionnaire for each pathway audited.

Patient name documented?	Yes / No	Special Patient Information completed?	Yes / No
Patient address documented?	Yes / No	Date of surgery documented?	Yes / No
NHS number documented?	Yes / No	Intended procedure documented?	Yes / No
Date of birth documented?	Yes / No	Ward documented?	Yes / No
Case Sheet Number documented?	Yes / No	MRSA status documented?	Yes / No

Please indicate if the following sections have been completed fully and document omitted information.

<b>1. Patient Details Correspond with Operation List?</b>	Yes / No
Detail what is missing	
<b>2. Identification bracelet?</b>	Yes / No
Detail what is missing	
<b>3. All patient labels in notes checked and correct?</b>	Yes / No
Detail what is missing	
<b>4. Is the consent form correct, signed etc?</b>	Yes / No
Detail what is missing	
<b>5. Operation site prepared?</b>	Yes / No
Detail what is missing	
<b>6. Any known allergies?</b>	Yes / No
Detail what is missing	
<b>7. Record Observations</b>	Yes / No
Detail what is missing	
<b>8. To accompany the patient</b>	Yes / No
Detail what is missing	
<b>9. Has blood been taken and sent to the lab?</b>	Yes / No
Detail what is missing	
<b>10. Has medication been given as per chart?</b>	Yes / No
Detail what is missing	
<b>11. Conditions</b>	Yes / No
Detail what is missing	

<b>12. Nil by mouth</b>	Yes / No
Detail what is missing	
<b>13. Urinalysis / Pregnancy Test / Catheter / Tampon</b>	Yes / No
Detail what is missing	
<b>14. Record presence of dentures</b>	Yes / No
Detail what is missing	
<b>15. Internal / External Prosthesis</b>	Yes / No
Detail what is missing	
<b>16. Is there any property</b>	Yes / No
Detail what is missing	
<b>17. VTE assessment</b>	Yes / No
Detail what is missing	
Signature of Registered ward nurse	Yes / No
Printed name of registered ward nurse	Yes / No
Signature of Registered theatre practitioner	Yes / No
Printed name of registered theatre practitioner	Yes / No
<b>1. Sign in – Before introduction of anaesthesia</b>	Yes / No
Detail what is missing	
<b>2. Time out – Before start of surgical intervention for example skin incision</b>	Yes / No
Detail what is missing	
<b>3. Time out – Any changes to operation list?</b>	Yes / No / NA
Detail what is missing	
<b>4. Anaesthetic Type</b>	Yes / No
Detail what is missing	
<b>5. Anaesthetic Accessories</b>	Yes / No
Detail what is missing	
<b>6. Patient Transferred</b>	Yes / No
Detail what is missing	
<b>7. Position on Operating Table</b>	Yes / No
Detail what is missing	
<b>8. Position Accessories</b>	Yes / No
Detail what is missing	
<b>9. Pressure Relieving Devices</b>	Yes / No
Detail what is missing	
<b>10. Monitoring</b>	Yes / No
Detail what is missing	
<b>11. Body Temperature</b>	Yes / No
Detail what is missing	
<b>12. Cell Salvage</b>	Yes / No
Detail what is missing	

<b>13. Skin Preparation</b>	Yes / No
Detail what is missing	
<b>14. Skin Closure and Dressings</b>	Yes / No
Detail what is missing	
<b>15. Supplementary</b>	Yes / No
Detail what is missing	
<b>16. Operative Procedures Sign Out</b>	Yes / No
<b>Anaesthetist sought confirmation to reverse patient</b>	Yes / No
Detail what is missing	
Traceability Section 1 completed	Yes / No
Traceability Section 2 – prosthesis completed	Yes / No
Traceability Section 3 – autoclaved items completed	

WHO DOCUMENTATION CHECKLIST AUDIT		Southport & Ormskirk NHS Trust																				
Theatre		week commencing																				
Completed By:		Signature:																				
<b>1 PRE LIST TEAM BRIEF</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1a	Has the in brief been done?																					
1b	Were all staff present?																					
1c	Were all patient concerns discussed?																					
1d	Were all equipment concerns discussed?																					
<b>2 DOCUMENTATION</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	Y	15	16	17	18	19	20
2a	Was the surgeons name and signature completed																					
2b	Was the anaesthetist name and signature completed																					
2d	Was the team leaders name and signature completed																					
<b>3 SIGN IN</b>			1	2	3	4	5	6	7	8	9	10	11	12	Y	14	15	16	17	Y	19	20
3a	Has the patient confirmed his/her identity/procedure/consent?																					
3b	Is the surgical site marked?																					
3c	Does the patient have a known allergy?																					
3d	Was all the data complete yes/no. If no what elements have been omitted?																					
3e	Have the names of the Surgeon/Anaesthetist/ODP/Scrub staff been completed?																					
<b>4 TIME OUT</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
4a	Have the team introduced themselves?																					
4b	Patients name, NHS/patient hospital number and date of birth been confirmed?																					
4c	Procedure, site and position been confirmed?																					
4d	Anticipated blood loss discussed and HB recorded YES / NO ?																					
4e	Known allergies been documented?																					
4f	Patients ASA grade																					
4g	Sterility of instruments confirmed by scrub practitioner																					
4h	Equipment issues																					
4i	VTE assessment done and discussed if prophylaxis is required																					
4j	Surgical Site Infection (SSI) been undertaken																					
4k	Does the patient require flowtrons VTE prophylaxis been undertaken?																					
4l	Any changes to planned procedure been recorded?																					
4m	Has Time Out been signed and name printed																					
<b>SIGN OUT</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
5a	Has the named procedure been recorded in the care plan?																					
5b	All swabs, instruments and sharps accounted for as per theatre policy?																					
5c	Have specimens been correctly labelled and number of specimens recorded?																					
5d	Have any equipment problems been identified and addressed?																					
5e	Key concerns for recovery and patient management?																					
5f	Has any drains or catheters that have been used been recorded?																					
5g	Prosthesis and documentation, are these recorded and documentation attached?																					
5j	Is it documented that all IV lines have been flushed?																					
5k	Has the anaesthetist sought confirmation to reverse the patient Y/N ?																					
5l	Have all sign out signatures been completed Y/N ?																					
5m	Has sign out checklist been signed?																					
<b>Post List Debrief</b>			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
6a	Has the De-brief been completed?																					
6b	Were all elements documented in the book?																					
6c	If any clinical incidences occurred during the intra-op stage was the datix number recorded in the de-brief book?																					

**12.3. Appendix3. WHO Surgical Safety Operating List Briefing Debriefing Document Team Brief / Debrief Document**

**PRE LIST TEAM BRIEF**

<b>DATE:</b>	<b>THEATRE:</b>
<b>PRESENT AT MEETING</b>	<b>NAME</b>
<b>SURGEON</b>	
<b>ANAESTHETIST</b>	
<b>ODP</b>	
<b>THEATRE STAFF</b>	
<b>RECOVERY STAFF</b>	
<b>DISCUSSED</b>	
<b>IS THE ORDER OF THE LIST CORRECT – YES</b>  <div style="text-align: center;">- NO</div>	
<b>DOES THE LIST NEED TO BE REPRINTED – YES</b>  <div style="text-align: center;">- NO</div>	
<b>DOES EVERYONE UNDERSTAND WHAT SURGERY IS PLANNED?</b>	
<b>ARE THERE ANY ANAESTHETIC CONCERNS?</b>	

WHAT SURGICAL AND IMAGING EQUIPMENT IS REQUIRED AND IS IT AVAILABLE?
IS BLOOD X MATCH REQUIRED AND AVAILABLE? IS ELECTRONIC ISSUE AVAILABLE?
ARE THERE ANY STAFF ISSUES, WARD ISSUES AND BED ISSUES?

## POST LIST DEBRIEF

DATE:	THEATRE
PRESENT AT MEETING	NAME
SURGEON	
ANAESTHETIST	
ODP	
THEATRE STAFF	

RECOVERY STAFF	
<b>DISCUSSED</b>	
WHAT WENT WELL?	
ANY CHALLENGES OR CONCERNS ABOUT THE LIST?	
ANY COMMUNICATION SKILL MIX ISSUES OUTSIDE OF THEATRE, TIMING ISSUES?	
ANY EQUIPMENT ISSUES TO BE ADDRESSED BEFORE NEXT LIST?	
ANYTHING THAT COULD HAVE BEEN DONE TO MAKE THE LIST SAFER?	
ANYTHING THAT COULD HAVE BEEN DONE TO MAKE THE LIST MORE PRODUCTIVE?	
HAVE ISSUES BEEN ESCALATED TO THE THEATRE MANAGER/CO-ORDINATOR?	
WHERE THERE ANY CLINICAL INCIDENTS? IF YES HAS DATIX BEEN COMPLETED (REF)	

## Policy Implementation Plan

<b>Policy Title</b>	Policy for Application of the WHO Surgical Safety Checklist
<b>Is this New or revision of an existing policy</b>	Revision
<b>Name and role of Policy Lead</b>	H Hurst matron
<b>Give a Brief Overview of the Policy</b> The purpose of the document is to ensure all staff understands the procedure to follow with respect to the use of the WHO Surgical Safety Checklist (Appendix 1) which has been incorporated in the perioperative pathway	
<b>What are the main changes in practice that should be seen from the policy?</b> Updated references and procedure Removal of appendix 4	
<b>Who is affected directly or indirectly by this policy?</b> This policy applies to all staff regardless of grade or profession working at the Trust who is involved in a patient surgical care pathway where the WHO Surgical Safety Checklist use is required.	

## Implications

Implications	
Will staff require specific training to implement this policy and if yes, which staff groups will need training?	
<b>Explain the issues?</b> This policy applies to all staff regardless of grade or profession working at the Trust who is involved in a patient surgical care pathway where the WHO Surgical Safety Checklist use is required.	<b>Explain how this has been resolved</b>  No Issues
Are other resources required to enable the implementation of the policy e.g. increased staffing, new documentation?	
<b>Explain the issues?</b>  none	<b>Explain how this has been resolved</b>



Implications cont'd/...	
Have the financial impacts of any changes been established?	
Explain the issues?  None	Explain how this has been resolved
Any other considerations	
Explain the issues?	Explain how this has been resolved

Approval of Implementation Plan
Enter Name and Title of Policy Lead whose portfolio this policy will come under  Signature...  Date Approved .....

## Policy Details

<b>Title of Policy</b>	Policy for Application of the WHO Surgical Safety Checklist
<b>Unique Identifier</b> for this policy is	SOHNNHST-ClinCorp100
State if policy is <b>New</b> or <b>Revised</b>	Revised
<b>Previous Policy Title</b> where applicable	V1.3.0 Policy for Application of the WHO Surgical Safety Checklist
<b>Policy Category</b> Clinical, HR, H&S, Infection Control, Finance etc.	Clinical
<b>Executive Director</b> <i>whose portfolio this policy comes under</i>	Clinical Director Planned Care
<b>Policy Lead/Author</b> <i>Job titles only</i>	Matron for Theatres
<b>Committee/Group responsible for the approval of this policy</b>	Planned Care Governance
<b>Month/year consultation process completed</b>	May 2019
<b>Month/year policy approved</b>	June 2019
<b>Month/year policy ratified and issued</b>	June 2019
<b>Next review date</b>	June 2022
<b>Implementation Plan completed</b>	Yes
<b>Equality Impact Assessment completed</b>	Yes
<b>Previous version(s) archived</b>	
<b>Disclosure status</b>	Fully
<b>Key words</b> for this policy	WHO checklist surgery

## Review and Amendment History

Version	Date	Details of Change
1.0.0	Aug 13	New
1.1.0	15.10.13	Minor amendment
1.2.0	10.12.13	New appendix
1.3.0.	14.01.15	Word change
2.0.0	24.04.18	
2.1.0	06.06.19	Minor amendment