

Policy for the application of the Surgical Safety Checklist

Issue Date	Review Date	Version
October 2019	October 2024	2

Purpose

The purpose of this policy is:

- To ensure that a Surgical Safety Checklist is performed for surgical or invasive procedures undertaken within Plymouth Hospitals NHS Trust (PHNT);

To ensure staff understands their responsibilities and accountabilities and the process which they are required to follow in undertaking the Surgical Safety Checklist.

Who should read this document?

All staff working in Operating theatres and procedural rooms within Derriford Hospital (PHNT), Mount Gould, Liskeard, Stratton and Royal Cornwall Hospitals Trust and Tavistock Hospital.

This includes Endoscopy, Cath labs, Pacing theatres and Interventional Radiology.

Key Messages

This policy applies to ALL invasive procedures undertaken in operating theatres and procedural rooms in Plymouth Hospitals NHS Trust.

The five steps of Safer surgery must be performed for all elective lists in PHNT

A Surgical Safety checklist must be performed for all surgical procedures and includes procedures performed under sedation and/or local anaesthetic

Core accountabilities

Owner	Cindy McConnachie – Senior Matron Theatres and Anaesthetics
Review	Theatre Central Clinical governance Group
Ratification	Iain Christie – Consultant Anaesthetist
Dissemination (Raising Awareness)	Cindy McConnachie – Senior Matron Theatres and Anaesthetics
Compliance	Clinical Governance committee

Links to other policies and procedures

Version History

1	July 2013	Submitted to Theatre Board and amendments required
1.2	August 2013	Submitted to Theatre Board and further amendments required
1.3	October 2013	Reviewed and approved Theatre Board
1.4	March 2016	Reviewed and approved theatre Governance Group
1.4	April 2016	Ratified Theatre board

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

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In 2008, the World Health Organisation (WHO) introduced a Global patient safety challenge '*Safe surgery saves lives*' – to reduce the number of surgical deaths across the world. The introduction of the surgical safety checklist is designed to address safety issues in the surgical setting and through its use: improves anaesthetic and surgical safety practice, ensures correct site surgery, avoids surgical site infections and ensures improved communication and teamwork within teams.

In September 2015 NATSSIPs were introduced. These NatSSIPs are intended to provide a skeleton for the production of Local Safety Standards for Invasive Procedures (LocSSIPs) that are created by multiprofessional clinical teams and their patients, and are implemented against a background of education in human factors and working as teams. The NatSSIPs do not replace the WHO Safer Surgery Checklist. Rather, they build on it and extend it to more patients undergoing care in our hospitals. They will standardise key elements of procedural care, ensure that care is harmonised – not just within organisations delivering NHS-funded care but also between organisations – and will reinforce the importance of education to patient safety.

In 2009, the National Patient Safety Agency (NPSA) adapted the WHO Surgical Safety checklist and issued a National Patient Safety alert which required that all NHS Organisations ensure the checklist is completed for every patient undergoing a surgical procedure and that the use of the checklist is entered into clinical or electronic records. Subsequent, to this the '**5 Steps to Safer surgery**' was introduced and included:

- Step one:** *Briefing*
- Step two:** *Sign in*
- Step three:** *Time out*
- Step four:** *Sign out*
- Step five:** *Debriefing*

The introduction of a Briefing at the beginning of the list and a debriefing before the team disperses are necessary to delivering the cultural change required to ensure sustainable change and ensure learning to reduce harm.

Plymouth Hospitals NHS Trust is committed to ensuring that we deliver safe, effective care and continues to develop as a learning organisation. This document sets out the Trust's policy and procedures for compliance with these checks. Effective teamwork and optimum communications are crucial to assuring safe and effective care and are an acknowledged bi-product of completing the Surgical Safety Checklists. Briefing and debriefing will be included as part of this process. These checks mitigate the risks and harm associated with surgical procedures and is an essential element of clinical governance frameworks and risk management processes.

2 Purpose

Purpose:

The purpose of this policy is:

- ensure all staff understand the procedure to follow in undertaking the Five steps of Safer Surgery,
- to define individual roles, responsibilities and accountabilities
- to inform actions which staff must take when they are concerned about standards around the surgical safety checklist.

Scope:

This policy applies to ALL staff regardless of grade or profession working for PHNT, working in operating theatres, cardiac catheter labs, pacing theatres, interventional radiology suites and procedural room.

The surgical safety checklist is relevant and must be undertaken prior to all surgical or interventional procedures and includes procedures performed under sedation and/or local anaesthetic.

The list of procedures is not exhaustive and there will be regular review of those procedures within the scope of this policy.

3 Definitions

- **WHO:** World Health Organisation
- **NPSA:** National Patient Safety Agency.
- **PICP** Peri-operative Integrated Care Plan#
- **NAPPSIPs** National Safety Standards for Invasive Procedures

4 Duties

The Senior Operating Surgeon/Clinician – retains overall accountability to ensure that the Surgical Safety Checklist is performed robustly for each individual patient

The Theatre Team leaders:

- Are responsible for the implementation of these guidelines within their area of practice.
- Are required to ensure that all new or temporary staff are aware of their responsibilities with the application of the Surgical Safety Checklist and are provided with appropriate training, education and are assessed as competent to contribute to the process.
- Are required to record staff training and competency on the application of surgical safety checklist
- Are responsible for ensuring staff are updated on changes relating to surgical safety checklist
- Are required to undertake qualitative audit of the Surgical Safety Checklist and provide feedback which is constructive to the teams and which highlights areas for improvement.
- Are required to ensure that all aspects of the surgical safety checklist are performed within their areas and to challenge or report when this is not undertaken
- Are required to feedback daily at the operational meeting on specific safety issues and communicate issues relating specifically to Briefing and Debriefing to inform daily improvement process.
- Are required to report on performance to the Theatre Central Team monthly.

The individual team members:

- All staff involved in surgical or invasive procedures are required to take part in the surgical safety checklist
- To challenge and/or to report poor performance either to their immediate line manager or to the Senior Matron Theatres.
- To be aware of Trust procedures for reporting an incident or near miss
- Registered Practitioners will maintain overall responsibility for completion of the Surgical Safety Checklist but may choose to delegate the reading out of the checklist to non-registered staff.
- Where the checklist is read out by a non-registered member of staff they are responsible for signing the PICP to indicate correct application of the checklist.
- 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 delegating any part of the task related to the application of the 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.

Theatres Service Line Clinical Director and Senior Theatre Matron

- Are required to ensure that their teams are appropriately educated and trained on the application of the surgical safety checklist.
- Ensures that the '5 steps of safer surgery' are being undertaken where surgical and interventional procedures are occurring.
- Assumes overall responsibility for compliance with this policy within theatres
- Monitors and reports on performance with the Surgical Safety checklist to the Care Group monthly

Speciality Service Line Director and Speciality Matron

Where surgical or invasive procedures are undertaken outside of theatres the Speciality Service Line Director and Speciality Matron:

- Are required to ensure that their teams are appropriately educated and trained on the application of the surgical safety checklist.
- Ensures that the '5 steps of Safer surgery' are being undertaken where surgical and interventional procedures are occurring.
- Assumes overall responsibility for compliance with this policy.
- Monitors and reports on performance with the Surgical Safety checklist to the Care Group monthly.

5 Key elements (determined from guidance, templates, exemplars etc)

This policy describes the procedure that staff must follow to comply with the '5 steps of safer surgery (Appendix 5). This process applies to all invasive and non-invasive procedures performed in operating and procedural rooms in PHNT. The five steps include:

- Briefing
- Sign in
- Time out
- Sign out
- Debriefing.

Silent Cockpit: During ALL parts of the 5 steps of Safer Surgery ALL team members must observe the principles of 'Silent Cockpit'. There should be no music, interruptions or distractions and no non-essential conversation.

Briefing

A safety briefing must be performed at the start of all elective, unscheduled or emergency procedure sessions. The briefing may need to be conducted on a case-by-case basis if there is a change in key team members during a procedure session.

Briefing has been shown to improve team working, improve communication and reduce unexpected delays on the list and to reduce patient morbidity and mortality. Ensuring that all team members know each other's names facilitates communication and allows more junior members of staff to raise concerns more easily.

The briefing helps to develop a shared mental model of an operating list and highlights concerns regarding a patient's clinical status, or other factors that may impact on the list and the performance of the team.

Although the entire team should be present for briefing, it is acceptable that the escort nurse may not be present at the briefing as they may be collecting the patient, they should be briefed at the first available opportunity. As many members of the procedural team as possible should attend the briefing, to include the operator and anaesthetist who have seen and consented the patient(s) shortly before the procedural session. These should include when relevant, but are not limited to:

- The senior operator and trainee(s)/assistant(s).
- The senior anaesthetist and trainee(s).
- The anaesthetic assistant.
- Scrub and circulating practitioners or other procedural assistants.
- Any other healthcare professional involved in the procedure, e.g. radiographer or perfusionist, when this is practicable.
- The clinical manager of the procedural area if appropriate.

Team members not present for briefing must be briefed by a member of the team as soon as it is practicable.

Briefing should be recorded using the Theatre Briefing and debriefing record. For each patient, the discussion should include when relevant, but is not limited to:

- Diagnosis and planned procedure.
- Availability of prosthesis.
- Site and side of procedure.
- Infection risk, e.g. MRSA status.
- Allergies.
- Relevant comorbidities or complications.
- Need for antibiotic prophylaxis.
- Likely need for blood or blood products.
- Patient positioning.
- Equipment requirements and availability, including special equipment or 'extras'.

- Postoperative destination for the patient, e.g. ward or critical care unit.
- The expected duration of each procedure, to include anaesthetic procedures,

The briefing should also address overall list issues and record the staff Present:

- Scheduling
- Staff
- Equipment
- Safety / Human factors

Surgical Safety Checklist

Every patient will have an individual copy of the Surgical Safety checklist. Speciality specific checklists are available for:

- General Surgery
- Ophthalmology
- Interventional Radiology
- Cardiology
- Cardiac Surgery
- Obstetrics
- Local Anaesthetic procedures
- Community Dental
- Neurosurgical

For local anaesthetic cases, where no anaesthetist is involved and the local anaesthetic is being given by a surgeon/clinician, the surgical safety checklist Sign In and Time Out are combined into a single Sign in. All other parts of the 5 Steps of Safer Surgery should be completed.

The person reading out the questions on the Surgical Safety Checklist should not answer the questions, even if they know the answers. This is to avoid it becoming a single person exercise and to involve the whole team. The team will verbally confirm out loud all points detailed on the checklist, although discretion can be used in front of the patient with specific questions such as 'anticipated blood loss.'

Surgical Safety Checklists will be stored on the Theatre Central Drive. Amendments to the checklists will be controlled and reviewed by Theatre Governance Group and ratified by Theatre Board. The checklists will be version controlled and a published list of the current version will be held by each team leader and Theatre Central Management Team.

Checklists will be reviewed annually by the Theatre Governance Group. Any changes to specific Surgical Safety checklists will be communicated via the Theatre Board to all staff. Removal of out of date Surgical Safety Checklists will be undertaken via the Theatre Team leaders. Theatre Team leaders will be required to confirm that they have communicated with their teams and that old versions of the checklist have been removed from their areas

Sign in

Sign in should be performed after the application of monitoring and before induction of anaesthesia.

The Anaesthetist and anaesthetic practitioner should be present for the Sign in. If a trainee anaesthetist is performing the anaesthetic and will require the input of a Consultant Anaesthetist, the Consultant Anaesthetist must be present.

A sign in must be completed and documented on arrival at the procedure area or anaesthetic room. The checks performed during the sign in should include when relevant, but are not limited to:

- Patient name checked against the identity band.
- Consent form.
- Surgical site marking if applicable.
- Operating list.
- Anaesthetic safety checks: machine, monitoring, medications.
- Allergies.
- Aspiration risk.
- Potential airway problems.
- Arrangements in case of blood loss.

On completion of Sign in the registered practitioner will clearly print their name and Sign to confirm completion of Sign in within the Peri-operative Integrated Care Pathway (PICP).

Any omissions, discrepancies or uncertainties identified during the sign in should be resolved before the time out is performed or any procedure starts. On rare occasions, the immediate urgency of a procedure may mean that it may have to be performed without full resolution of any omissions, discrepancies or uncertainties. Such occurrences should be reported as safety incidents.

Immediately before the insertion of a regional anaesthetic, the anaesthetist and anaesthetic assistant must simultaneously check the surgical site marking and the site and side of the block (Stop before You Block).

The registered practitioner/delegated person will confirm that the correct patient details are completed on the data capture form and that the checklist is annotated correctly to indicate all aspects of the checklist were undertaken.

Time out

The key people involved are the lead surgeon, lead anaesthetist and the scrub practitioner. The entire operative team are required to participate in the Time out and must remain in the operating theatre/procedural room.

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

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.

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.

Any concerns/problems/issues raised during the checking procedure should be documented on the Debriefing and taken to the Theatre Operational Support Manager at the Daily Operational meeting.

The registered practitioner must print their name and sign to confirm the 'Time-Out' check is complete within the Peri-operative Integrated Care Plan.

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.

Sign out

The scrub practitioner is responsible for initiating the 'Sign out'. The whole theatre team should pause to complete the sign out. This must take place on completion of the final swab count and before any staff members leave the operating theatre/procedural room.

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/problems/issues raised during the checking procedure should be documented on the Debrief and given to the Theatre Operational Support Manager.

Any safety concerns or issues that have arisen during the procedure must be reported on the Electronic Incident Reporting system. Reporting of incidents can be undertaken by any member of the Theatre Team.

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

The PICP Sign out must be signed by the registered practitioner and the senior operating surgeon then filed in the patient medical record.

An electronic record of the completion of the surgical safety checklist will be entered onto IPM. The paper copy of the Surgical Safety Checklist will be held and stored by Theatre Central for 3 months then destroyed.

Debriefing

This must involve the whole theatre team.

The aim is to improve by identifying any problems that have occurred and learning from them.

Reflective analysis of how the theatre session has gone, by the whole team is extremely valuable both in encouraging good practice and in developing the solutions for challenging issues. Debriefing provides an opportunity for teams to work together to improve the care we offer to patients week on week.

Debrief should be recorded on the Theatre Briefing & Debriefing record (Appendix 6) to re-address issues raised in the team brief

- How did the list go?
- Staff present
- Scheduling
- Staff
- Equipment
- Safety / Human factors
- Achievements
- Action points

Issues raised should be reported to the Theatre Operational Support Manager via the Brief / Debriefing document.

6 Overall Responsibility for the Document

The Theatre Board will have overall responsibility for developing, implementing and reviewing this policy

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Policy and Standards Committee and ratified by the Director / Clinical Governance lead.

Non-significant amendments to this document may be made, under delegated authority from the Director / Clinical Governance lead, by the nominated owner. These must be ratified by the Director / Clinical Governance lead.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director / Clinical Governance lead and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Monitoring of compliance will be against the following standards:

Standard 1

The '*five steps of Safer surgery*' must be performed for **all** elective lists in PHNT.

Standard 2

A Surgical Safety checklist must be performed for **all** surgical procedures and includes procedures performed under sedation and/or local anaesthetic.

Quantitative and Qualitative data will be collected to indicate compliance against the standard:

Quantitative Audit of practice

- Quantitative audit of data will be collected via the Theatre data team upon review of the individual Surgical Safety checklists and Briefing/debriefing paperwork (Appendix 1).
- Quantitative Audit of compliance will be undertaken for each individual patient episode and elective list.

- Incomplete checklists will be reported to the Theatre Matron and communicated directly to Speciality Service Line Director and Theatre Team.

Qualitative Audit of practice

- Qualitative audit of practice will be undertaken through a process of self-assessment and peer review; this will be undertaken by members of Peri-operative team, team leaders, Theatre Matrons and Executive team.
- Qualitative Audit of practice will be undertaken weekly (Appendix 3), utilising Meridian and/or individual performance review/feedback (Appendix 4)
- Performance against the 5 Steps of Safer Surgery will be reported to Theatre Governance Committee and to Theatre Board.
- Speciality/Surgical performance against standard **will be reported** to the Speciality Service Line Clinical Director and Service Line Performance Review.
- Where non-compliance against the standard is identified it will be the responsibility of the Theatre Board to identify root cause and to work in partnership with the teams/individuals involved on assuring compliance.
- Compliance against standard and/or action plan to be reported to Theatre Board

10 | References and Associated Documentation

World Health Organisation (2008) Implementation manual surgical safety checklist (first Edition) 'Safe surgery saves lives'

National Patient Safety Agency (2009) National Patient Safety alert

National Patient Safety Agency (2009) '5 Steps to Safer surgery'

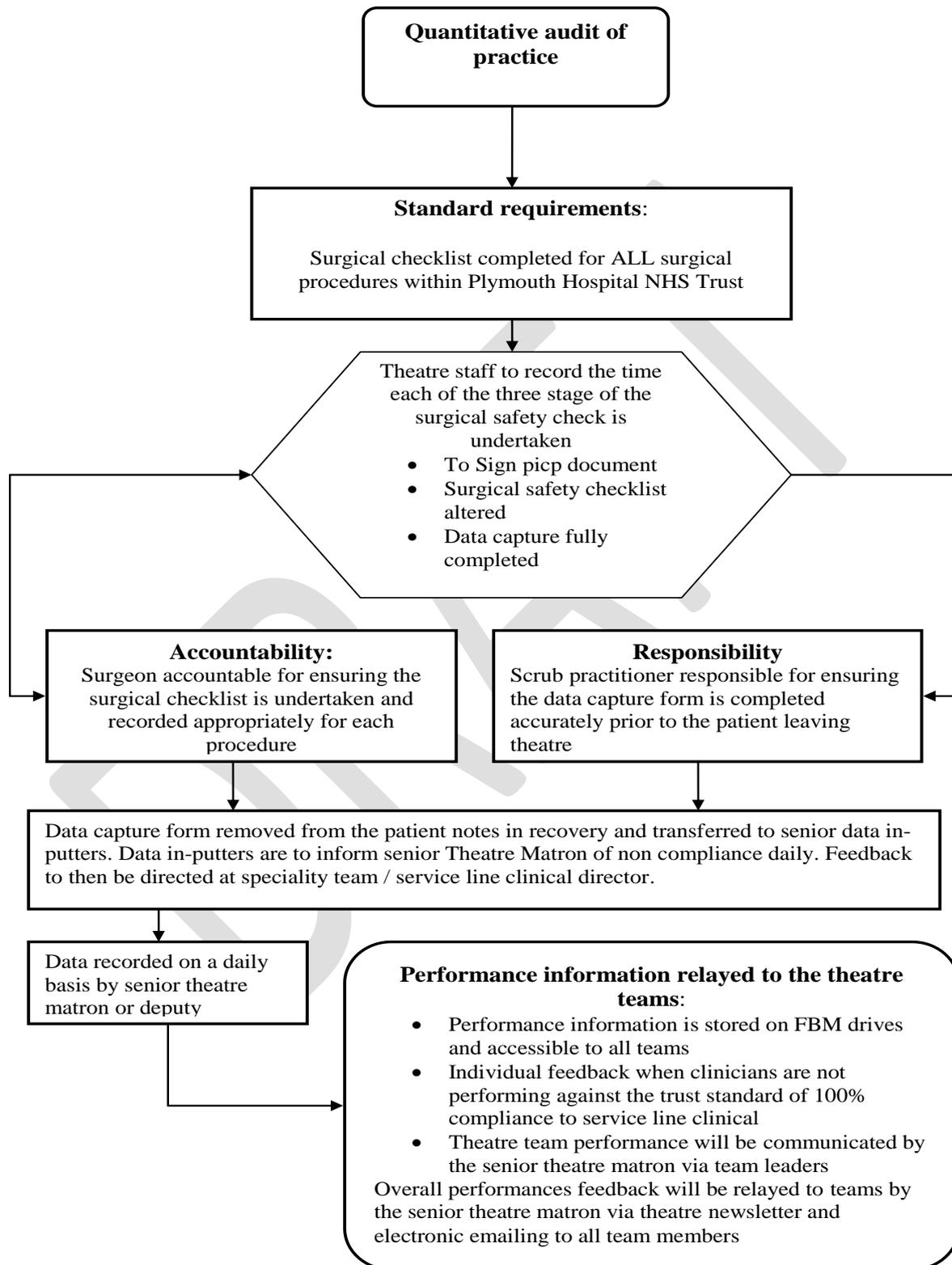
Dissemination Plan			
Document Title	Policy for the application of the Surgical Safety Checklist		
Date Finalised			
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

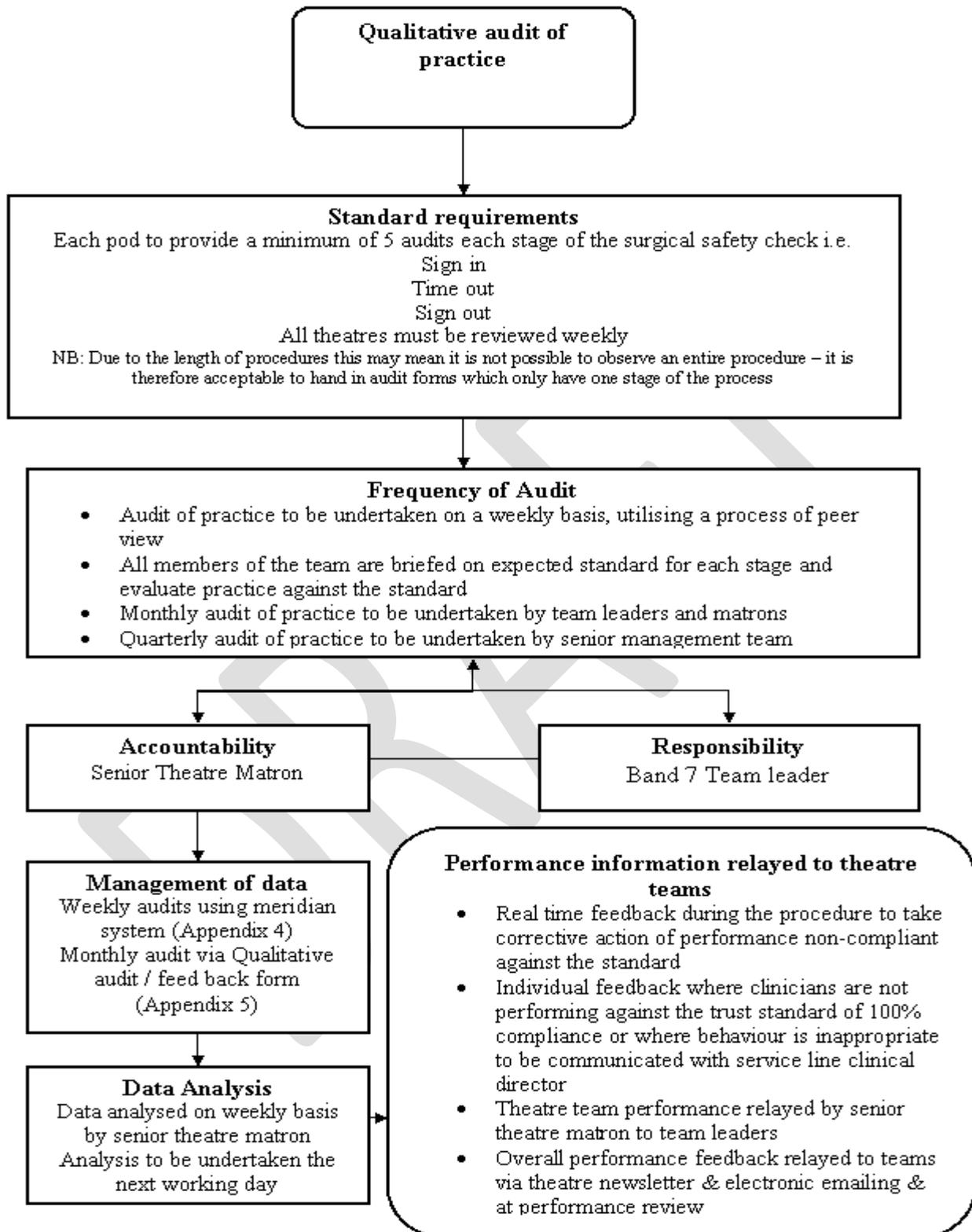
Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Date	
Title	Policy for the application of the Surgical Safety Checklist
What are the aims, objectives & projected outcomes?	
Scope of the assessment	
Collecting data	
Race	
Religion	
Disability	
Sex	
Gender Identity	
Sexual Orientation	
Age	
Socio-Economic	
Human Rights	
What are the overall trends/patterns in the above data?	
Specific issues and data gaps that may need to be addressed through consultation or further research	

Involving and consulting stakeholders				
Internal involvement and consultation				
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

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Safer Surgery Checklist Qualitative Audit Tool

Date:		Time:		Theatre:	
Surgeon:		Anaesthetist:		Team Leader:	
Auditor name:		Auditor role:		Auditor signature:	

	Sign In		Time Out		Sign Out	
Clear announcement of safety check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Team respond appropriately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checklist read out accurately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Silent cockpit observed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any distractions / interruptions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation completed accurately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation completed at each stage of the process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who was present?	Anaesthetist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Surgical team	Yes <input type="checkbox"/> No <input type="checkbox"/>
	ODP / ODA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaesthetist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anaesthetist	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Scrub team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Scrub team	Yes <input type="checkbox"/> No <input type="checkbox"/>
			ODP / ODA	Yes <input type="checkbox"/> No <input type="checkbox"/>	ODP / ODA	Yes <input type="checkbox"/> No <input type="checkbox"/>
			HCA	Yes <input type="checkbox"/> No <input type="checkbox"/>	HCA	Yes <input type="checkbox"/> No <input type="checkbox"/>
State roles of anyone who did not participate:						
Any comments:						

Explanatory Notes for Qualitative Audit Tool

Issue	Required behaviour/observation
1. Clear announcement of safety check?	A designated member of the team leads the team through the appropriate stage of the safety check i.e: sign in, time out or sign out. The team member is observed to use the check list and to clearly let the team know that the safety check is taking place.
2. Team respond appropriately	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.
3. Checklist is read out accurately.	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.
4. Any distractions or interruptions.	A distraction or interruption can be people chatting and not focussing on the checklist, music or people entering the theatre at the time of the check. If staff enter the theatre but do not disturb the team undertaking the check this is not classed as an interruption.
5. Documentation observed to be completed at the time of undertaking the check	The observer should ensure all documentation is completed during the check. All documentation is required to be complete BEFORE the patient leaves the theatre and should not be completed retrospectively.
6. Who was present	Record which team members were present at the time of each step. Key personnel are required to be present and should be called for by team leads.

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Theatre	Auditor	Date	
	Speciality		
Name: Surgeon		Name: Anaesthetist	
Names: Theatre Team			
Did Team brief occur	Yes	No	
Were all Team members present	Yes	No	
<p>Content of Brief</p> <p>(Positive effective communication, which is timely, accurate, complete, clear, and understood by the recipients) -</p> <p>(Negative - poor communication and lack of clarity, inadequate opportunity to discuss concerns raised. Lack of cohesiveness in team.</p> <p><i>Areas for improvement:</i></p> <p><i>Critical Safety Score (did the brief address issues relating to the safety of patient)</i></p>			
Signature Auditor			

5 Steps Safer Surgery
Surgical Safety Checklist: User Guide

General Principles:

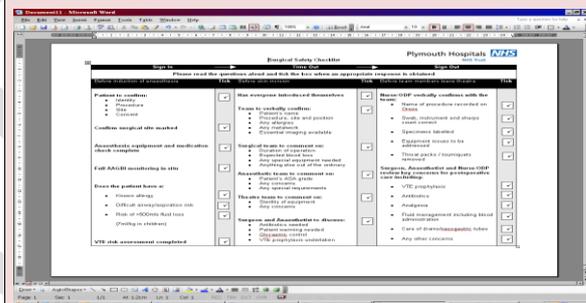
- The surgical safety checklist must be completed for **every patient** undergoing a procedure within PHNT operating theatres & procedure rooms including those performed under sedation / local anaesthetic.
- The **Lead Surgeon is accountable** for the process and must ensure that the Checklist is completed in its entirety for every patient under Their care.
- All staff is responsible for providing a verbal response to discussion points relevant to their role. All staff must also observe the principles of silent cockpit, ensuring that there are no unnecessary distractions or interruptions during completion of the checklist.
- The Checklist is comprised of these three sections:
 1. Sign In (before induction of anaesthesia / sedation once monitoring in place)
 2. Time Out (before any part of the surgical procedure is performed)
 3. Sign Out (after completion of final count and before patients / staff leave theatre)

Checklist Purpose:

The checklist ensures all staff share an accurate understanding of the procedure to be carried out, identifies it is the correct patient and that the appropriate checks have been performed whilst supporting a strong team

Completion of the Checklist:

- Every question must be read aloud by a member of the team
- Any team member can ask the questions
- All team members are responsible for responding appropriately and with relevant information
- Once a question has been read aloud and an appropriate response is obtained from the team, the box to the right of the question should be ticked
- A tick indicates that the question has been asked and answered by the team
- There is no requirements to record the answers anywhere on the checklist
- A completed checklist should look like this:



5 Steps Safer Surgery
Surgical Safety Checklist: User Guide

Measurement of checklist Compliance:

We need to know how well we complete the checklist in order to identify areas for improvement and ensure that we are doing all we can to ensure the Safety of our patients. We measure completion of the checklist in two ways.

- **Quantitative Compliance:**
 1. Ensuring that every part of the checklist is completed for every patient (100% target indicated by a tick in every box)
 2. Quantitative data is collected from the checklist printed on the Reverse of the data capture form at the end of every day
 3. Quantitative data is not collected from the peri-operative pathway Document in the clinical record
 3. We have a zero tolerance approach to quantitative compliance
 4. If all the boxes have been ticked, the checklist will be recorded as compliant
 5. If any boxes are left blank, the assumption will be made the question hasn't been asked or that a response was not obtained and the checklist will be recorded as non-compliant which we then investigate to help teams improve
- **Qualitative Compliance:**
 1. Ensuring that the way the checklist is carried out during completion of the checklist is appropriate, supports team working and maximises patient safety (100% target)

Approved Variations of the checklist:

The following variations of the checklist have been approved for use:

Checklist Version	Patient Group
Standard	
Obstetric	
Ophthalmology	
Cardiac	
Interventional Radiology	
Local Anaesthetic	

Questions / Comments / Concerns:

If you have any questions, comments or concerns related to the use of the surgical safety checklist, please direct them to one of the following people:

- Mr Paul McArdle, Assistant Medical Director, Bleep 89496
- Cindy McConnachie, Senior Matron Theatres Anaesthetics , Bleep 89994

