# Quality and Safety Committee

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| **Meeting Date** | **25 February 2020** | **Agenda Item** | **4.1** |
| **Report Title** | World Health Organisation Surgical Safety Checklists | | |
| **Report Author** | Dr Richard Evans, Medical Director | | |
| **Report Sponsor** | Dr Richard Evans, Medical Director | | |
| **Presented by** | Dr Richard Evans, Medical Director | | |
| **Freedom of Information** | Open | | |
| **Purpose of the Report** | This report is to provide assurance that the organisation's safety check procedures are adequate, are being used appropriately and evidenced by an audit process. | | |
| **Key Issues** | • Invasive procedures are high risk.<br>• Every procedure should have a safety checklist.<br>• Every checklist should have been scrutinised and formally adopted at regular intervals.<br>• Every checklist completion should be audited.<br>• The organisation should monitor audit reports to ensure patient safety. | | |

| **Specific Action Required** ***(please choose one only)*** | **Information** | **Discussion** | **Assurance** | **Approval** |
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| | ☐ | ☐ | ☒ | ☐ |

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| **Recommendations** | Members are asked to:<br>• **NOTE** |

## WORLD HEALTH ORGANISATION SURGICAL SAFETY CHECKLISTS

### 1. INTRODUCTION

Invasive procedures present a high risk to patients and it is recognised that safety can only be assured when there is an appropriate safety culture, checklists are used at critical points, and there are effective audit and incident reporting systems in place.

### 2. BACKGROUND

The World Health Organisation (WHO) Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events, and increase teamwork and communication in surgery. While the WHO checklist is the most widely known checklist, it is now mandatory that any invasive procedure should have a safety checklist. National guidance is provided in the form of NatSSIPs which we should have modified for local use – LocSSIPs. Each should have been agreed locally, have been formally adopted by the organisation and should be the subject of ongoing audit. Each should have been agreed locally, have been formally adopted by the organisation and should be the subject of ongoing audit.

The safety culture needs to include shared responsibility for safety, low levels of hierarchy, adherence to policy and primarily, a recognition of the need to recognise the need to complete a 'cognitive stop' and question one's own assumptions.

An Internal Audit review of compliance of the WHO Patient Safety Checklist in 2019 reported 'limited assurance'. However, the Internal Audit review did acknowledge that there was a high level of completion of the checklist within the theatres system (TOMS). Delivery Units have provided assurance regarding the processes in place.

### 3. GOVERNANCE AND RISK ISSUES

The system would benefit from a greater degree of oversight and clinical governance to ensure conformity and consistency in the way in which LocSSIPs are adopted and more robust clinical audit.

The Executive Medical Director is establishing a Clinical Outcomes and Effectiveness Group (COEG), which will be a sugbgroup of the Quality and Safety Assurance Group. Among the functions of the COEG will be:

- Establishing uniform standards for LocSSIPs
- Approval of all LocSSIPs prior to formal adoption.
- Reviewing outcomes of local (Delivery Unit) audits of all patient safety checklists

In addition, the Deputy Medical Director has made arrangements for the extension of Clinical Governance sessions in each of the Delivery Units over the next 3 months specifically to dedicate time for clinicians to review current arrangements for development of LoCSSIPs, audit and training where necessary.

## 4. FINANCIAL IMPLICATIONS

None

## 5. RECOMMENDATION

Members are asked to

- **NOTE** the contents of this report

| Governance and Assurance | | |
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| **Link to Enabling Objectives** ***(please choose)*** | **Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities** | |
| | Partnerships for Improving Health and Wellbeing | ☐ |
| | Co-Production and Health Literacy | ☐ |
| | Digitally Enabled Health and Wellbeing | ☐ |
| | **Deliver better care through excellent health and care services achieving the outcomes that matter most to people** | |
| | Best Value Outcomes and High Quality Care | ☐ |
| | Partnerships for Care | ☐ |
| | Excellent Staff | ☐ |
| | Digitally Enabled Care | ☐ |
| | Outstanding Research, Innovation, Education and Learning | ☐ |
| **Health and Care Standards** | | |
| ***(please choose)*** | Staying Healthy | ☐ |
| | Safe Care | ☒ |
| | Effective Care | ☒ |
| | Dignified Care | ☐ |
| | Timely Care | ☐ |
| | Individual Care | ☐ |
| | Staff and Resources | ☐ |

**Quality, Safety and Patient Experience**

Invasive procedures present a high risk to patients. It is recognised that standardised processes must be in place with standardised procedures. Effective audit and incident reporting systems must be in place to give assurance regarding outcomes and the quality and safety of care.

**Financial Implications**

None

**Legal Implications (including equality and diversity assessment)**

None

**Staffing Implications**

None

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** – Improved outcomes for patients
- **Prevention** – Preventing avoidable harm

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| **Report History** | None |
| **Appendices** | None |