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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 May 2021		Agenda Item	4.3
Report Title	Internal Audit Report – WHO checklist (LocSIPPs)			
Report Author	Aidan Byrne Alastair Reeves			
Report Sponsor	Dr Richard Evans			
Presented by	Dr Richard Evans			
Freedom of Information	Open			
Purpose of the Report	This paper is to report on the findings of the 2021 Internal Audit review into the WHO Surgical Checklist, and outline the steps being taken to deal with the issues identified.			
Key Issues	<p>Management responses showed not all agreed actions had been fully implemented to ensure robust governance processes were in place to monitor use of LocSIPPs and the WHO Theatre Surgical Safety Checklist in particular.</p> <p>Service Group monitoring and Corporate monitoring of LocSIPs was not apparent, but these have been addressed in the action plan and implementation with completion by June 2021.</p>			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	It is recommended that the Quality and Safety Committee notes the progress made in implementation of the Internal Audit's recommendations to ensure robust governance processes are in place for the monitoring of LocSIPPs such as the WHO Theatre Checklist (Surgical Checklist).			

An Update on the WHO Surgical Checklist (LocSSIPs) in SBUHB

1. INTRODUCTION

Internal Audit completed a follow up review of the implementation of the WHO Surgical Checklist in SBUHB on 21st April 2021. The purpose of the follow up review, starting in November 2020, was to confirm that the health board had implemented those recommendations made in the 2019/20 review and recorded as complete. The previous audit had given limited assurance. The 'follow up review opinion' provides an assurance level against the implementation of the actions marked by management as complete in the agreed action plan only.

This paper describes the findings of the follow up review, recommendations and achievements against the implementation plan.

2. BACKGROUND

LocSSIPs

The theatre WHO checklist (also known as the *Surgical Safety Checklist*) is one example of a Local Safety Standard for Invasive Procedures (LocSSIP). The theatre WHO Checklist includes any invasive procedure which has a risk of causing a never event, and is usually interpreted as any invasive procedure more complex than a central line or chest drain, but includes dental extraction.

As an organisation, we are required to have produced local standards, to audit their use and for there to be executive level assurance that the standards are being met. Existing standards have been collected together in a single folder on COIN and all departments have been directed to complete audits. SBUHB audit department assists departments to develop standard audit tools and the COEG group is ready to receive the results of these audits.

Theatre WHO checklist

To support operating teams to reduce the number of adverse events, the World Health Organisation (WHO) identified a set of safety checks that could be performed in any operating room. The aim of the theatre WHO checklist is to reinforce accepted safety practices and foster better communication and teamwork between clinical disciplines. By following a few critical steps, health care professionals can minimise the most common and avoidable risks endangering the lives and well-being of surgical patients.

Internal Audit Follow up Review

Internal Audit's review of arrangements in place to ensure the effective adoption of the checklist and associated processes in 2019/20 produced a 'limited' assurance rating. In total, 9 recommendations were made. Action was agreed by management to address issues raised, for implementation by November 2019.

At the point of planning for this follow up review (November 2020), the status of actions recorded by management in the online tracker indicated that:







- 6 actions were recorded as complete (two high priority, three medium priority and one low priority recommendation).

- 3 actions had not been implemented (all medium priority recommendations). These were not included further in this review.

The Six Actions recorded as complete

Internal audit therefore looked to seek evidence of implementation of these six recommendations in order to provide assurance on the progression made. Their findings summarised in the table below:

Summary of previously agreed actions by implementation status:

	Area	Priority 2019/20 audit	Direction of travel	Priority 2020/21 audit
2	WHO Checklist Exceptions	Medium	 Recommendation Implemented	Closed
3	Clinical Scrutiny of Data Analysis	Medium	 Remains outstanding	Medium
5a	Standardised Audit Approach	Low	 Some progress made. Further work is required to reduce the risk	Low
5b	NPTH WHO Checklist Audits	Medium	 Recommendation Implemented	Closed
6	Data Analysis & Observational Audit Reporting	High	 Some progress made. Further work is required to reduce the risk	High
7	Corporate assurance reporting	High	 Some progress made. Further work is required to reduce the risk.	High

- 2 Actions had been implemented in full and 'closed'
- 3 Actions had been partially implemented
- 1 Action had not been implemented
- The 2021 Internal audit report therefore gave "Limited Assurance".
- It should be noted that the 'limited assurance' provided in the report relates to the auditing and corporate reporting structures. **There is no suggestion that the checks themselves are not being done or that standards are not appropriate.**

The key areas remaining to be addressed fully are:

- A review of Service Group Quality & Safety Groups identified that assurance from audit outcomes was not being received across all (though they noted reporting of audits at the quality & safety group in NPT before the onset of the pandemic).

- Additionally, reporting of unit/service group WHO Checklist assurance could not be identified within Quality & Safety Governance Group or other corporate meetings.

Implementation Plan April 2021

The four remaining actions from the above list, not fully implemented in the report are:

Previous Finding 3 – Clinical Scrutiny of Data Analysis (Design)

Original Finding (Medium priority): Analysis of the times recorded in TOMS for checklist sign-off highlights some occasions on which the periods between the completions of stages have been very brief and in some instances completion appears retrospective.

Original Recommendation: Further analysis with clinical scrutiny is recommended in these areas.

Management Response 3

Discussion with Theatre management leads and IT have confirmed that the completion data held in TOMS is designed to be completed retrospectively rather than during the WHO checklist process to ensure staff are focussed on effective communication. This means that any timing data will not reflect actual data collection, making any analysis of this data unreliable.

Discussed with Internal Audit and the limitations of TOMS data agreed.

No further analysis of TOMS data planned. Compliance will be measured by in theatre audits of practice.

Responsible Officer / Deadline

Completed

(No further action required)

Previous Finding 5(a) – Standardised Audit Approach (Operating Effectiveness)

Original Finding (Low Priority): Differences in approach to audits may hinder the provision of a consistent level of assurance corporately from these reviews.

Original Recommendation: We would recommend that management ensure that the standard audit documentation is completed across all Theatres.

Management Response 5(a)

The regular audit of WHO practice will continue across all SBUHB theatres using a standard template. **Results will be forwarded both to unit Q&S groups as well as the organisation's Clinical Outcomes (COEG) Group.**

Responsible Officer / Deadline

Theatres clinical lead
Theatre Senior Nurse
Outcome of audits to be received by Clinical Outcomes & Effectiveness Group. Alastair Rooves (iDEMD; chair)
May 2021

Postscript May 2021 – Finding 5(a)

The Clinical Outcomes & Effectiveness Group now meets monthly and includes LocSIPPs in its Terms of Reference and Agenda.

Previous Finding 6 – TOMS & Observational Audit Reporting (Operating Effectiveness)

Original Finding (High Priority): TOMS checklist completion data and the outputs from observational audits were not reported within Units.

Original Recommendation: We would recommend that each Unit nominate an appropriate group to review compliance data and observational audit outcomes periodically and report assurance within its governance structure. (Any requirements of revised LocSSIPs should be considered.)

Management Response 6

Unit medical directors have been reminded to ensure that the results of LocSSIPs (including the WHO) checks should be included in unit quality and safety meetings.

(See recommendation 3 in relation to TOMS data)

Responsible Officer / Deadline
iDEMD Aidan Byrne
Completed
31/03/2021

Previous Finding 7 – Corporate assurance reporting (Operating Effectiveness)

Original Finding (High Priority): Monitoring of WHO Checklist compliance was not evident at the corporate groups.

Original Recommendation: We would recommend that the health board identify an appropriate corporate group and mechanism to receive periodic assurance on WHO Checklist compliance.

Management Response 7

Review of LocSSIPs audits will be undertaken at COEG and both Unit/Board Q&S groups. Both groups have been informed of this requirement and have agreed to require reports.

Responsible Officer / Deadline
Dr Alastair
Roeves (COEG)
Dr Aidan Byrne
(Q&S)
(First reports
due June 2021)

Postscript May 2021 – Finding 7

The Clinical Outcomes & Effectiveness Group now meets monthly and includes LocSIPPs in its Terms of Reference and Agenda

3. GOVERNANCE AND RISK ISSUES

The overall risk considered in this follow up review is failure to implement agreed audit recommendations and therefore, continued risk that:

- Appropriate guidance may not be available for staff who are required to complete the WHO checklist;
- The checklist may not be completed for every patient undergoing a surgical procedure where required;
- Completed checklists may not be signed off by appropriate staff; and
- Non-compliance with the use of the checklist may not be identified and addressed.

The consequence for patients includes that if invasive procedures are being completed without standard safety checks, it is possible that avoidable harm will occur.

However, it can be seen that in spite of the COVID19 pandemic, action has been taken to implement the outstanding 6 actions identified, with full completion expected by June 2021.

4. FINANCIAL IMPLICATIONS

No significant financial implications.

5. RECOMMENDATION

It is recommended that the Quality and Safety Committee notes the progress made in implementation of the Internal Audits recommendations to ensure robust governance processes are in place for the monitoring of LocSIPPs such as the WHO Theatre Checklist (Surgical Checklist).

Governance and Assurance		
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	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
High risk procedures should only be completed by trained staff once appropriate safety checks have been completed in order to avoid negative outcomes.		
Financial Implications		
No financial implications.		
Legal Implications (including equality and diversity assessment)		
Failure to adhere to the processes described will inevitably lead to claims due to a failure to discharge our duty to provide a safe environment for patients.		
Staffing Implications		
None		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
None		
Report History	Report is a follow up to a previous audits.	
Appendices		