

## Safety Standards for WHO Team Debrief

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **This guideline is for use by the following staff groups:**

All surgeons, anaesthetists, theatre staff, obstetrics staff, and any staff involved in the care of patients undergoing invasive procedures.

### **Lead Clinician(s)**

James Hutchinson

Consultant Anaesthetist

Approved by *Theatres, Anaesthetics, Critical  
Care & Sterile Services Governance Group*.....  
on:

17th September 2025

Review Date

17th September 2028

This is the most current document and should be used until a revised version is in place.

### **Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
17 <sup>th</sup> Jan 24	Document approved	TACCSS
17 <sup>th</sup> September 2025	Document reviewed & updated.	TACCSS

## **Introduction**

The debrief is an essential element in the provision of safe invasive procedures. The process enables a reflection of the day and consideration of factors that could be improved next time. It is an important part of the process as it enables continuous improvement.

## **Staff responsible for Team Debrief**

- Every member of the procedural team should take part in the team debrief. The minimum required staff would be the operator, anaesthetist (where applicable), a representative from the theatre scrub team and the anaesthetic practitioner.
- If a team member must leave before the debrief has taken place, they should have the chance to feed into the debrief process.
- The debrief discussion must be recorded on the Bluespир debrief page.

## **Timing & Content of the Team Debrief**

- The debrief should be conducted at the end of the procedural session.
- The debrief could occur on a case-by-case basis during emergency sessions in order to facilitate a flexible approach that is needed when the composition of the team is constantly changing.
- Any member of the team can lead the team debrief, however overall responsibility for the completion of the debrief lies with the operator.
- Questions to ask within the debrief are as follows:
  - What went well during the operating list?
  - What could be improved for next time?
  - Are there any actions to take forward, and who is responsible for each action?
- The Debrief should be conducted in a confidential manner which enables inclusivity and encourages contribution from all team members.
- Any patient safety incidents must be reported via the usual Datix Incident Report form.

## Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with the National Safety Standards for Invasive Procedures.	WHO Audit completion. Analysis of Incident trends on DATIX.	WHO Audit compliance will be reviewed at the Theatres, Anaesthetics, Critical Care & Sterile Services Governance	All Theatre staff are required to complete the mandatory safety steps in the whossc. The team leaders, theatre	The Countywide Theatres Quality & Governance Team Leader, the Countywide Theatre Managers, Countywide Theatre Matrons, and the Clinical Director for Theatres & Anaesthetics.	The WHO Audit compliance reports will be reviewed at the Directorate Governance meetings 6-

			Group meetings	managers and the theatre matrons are responsible for reviewing compliance with this policy. This will also be reviewed by the Countywide Theatres Quality & Governance Team Leader & The Clinical Director for Theatres & Anaesthetics.		12 times per year.
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## References

- Centre for Perioperative Care (CPOC) (2023) *National Safety Standards for Invasive Procedures (NatSSIPs 2)*. London: CPOC. Available at: <https://cpoc.org.uk/guidelines-and-resources/guidelines/national-safety-standards-invasive-procedures-natssips> [Accessed 29th August 2025].

**Supporting Document 1 - Equality Impact Assessment Tool**

**Equality and Health Inequalities Impact Assessment (EHIA) Tool**

**Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form**

Please read HEIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust	
Other (please state)			

<b>Name of Lead for Activity</b>	Rebecca Price
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Rebecca Price	Countywide Theatres Quality & Governance Team Leader	rebecca.price9@nhs.net
<b>Date assessment completed</b>	24/11/2025		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Safety Standards for WHO Team Debrief			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure compliance with the National Safety Standards for Invasive Procedures (NatSSIPs2).			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for	The National Safety Standards for Invasive Procedures (NatSSIPs2).			

patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	This is not required, as this is a National Safety Standard.
Summary of relevant findings	N/A

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Age</b>		✓		All patients are treated equally and require the completion of the mandatory WHO steps outlined in the NatSSIPs2.
<b>Disability</b>		✓		See above.
<b>Gender Reassignment</b>		✓		See above.
<b>Marriage &amp; Civil Partnerships</b>		✓		See above.
<b>Pregnancy &amp; Maternity</b>		✓		See above.
<b>Race including Traveling Communities</b>		✓		See above.
<b>Religion &amp; Belief</b>		✓		See above.
<b>Sex</b>		✓		See above.
<b>Sexual Orientation</b>		✓		See above.
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		See above.
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal		✓		See above.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
distribution of social, environmental & economic conditions within societies)				

#### Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this HEIA? (e.g in a service redesign, this HEIA should be revisited regularly throughout the design & implementation)	When the LocSSIP is reviewed and/or updated.			

#### Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing HEIA	R.Price
Date signed	24/11/2025
Comments:	None.



<b>Signature of person the Leader Person for this activity</b>	R.Price
<b>Date signed</b>	24/11/2025
<b>Comments:</b>	None.



## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval