

Introduction

- The Team Brief is the first of the eight key safety steps outlined in NatSSIPs2 and is a critical part of the WHO Surgical Safety Checklist. It is a structured safety briefing conducted at the start of any elective or emergency procedural session. Its purpose is to ensure that all team members are aligned on the plan, roles, and potential risks associated with each patient on the operating list and the procedures being performed on the day.
- The Team Brief helps foster a culture of safety and encourages all members of the team to contribute regardless of role within the team.

Staff responsible for Team Brief

- All team members should attend the team brief, this must include the operating surgeon, the anaesthetist and anaesthetic practitioner where general or regional anaesthesia is required, the scrub and circulating practitioner, and any other healthcare professional that is involved in the patient's procedure e.g. midwife.
- The operating surgeon and anaesthetist must have seen and consented the patients.
- Any team member may lead the Team Brief, and this will encourage an open culture. The lead should ensure the whole team is listening and participating, and that interruptions are avoided.
- If there are changes in key team members during a theatre list, the Team Brief may need to be conducted on a case-by-case basis. Any changes to the team members during the day should be recorded and trigger a re-brief where appropriate.

The location & timing of the Team Brief

- The Team Brief must be facilitated in a location that maintains patient confidentiality.
- A Team Brief must be performed at the start of all procedural sessions whether elective, scheduled, urgent/unscheduled or emergency procedures.
- For elective theatre sessions it is anticipated that the Team Brief for the AM list should take place at 08:30 and the Team Brief for the PM list should take place at 13:15.
- The Team Brief should be completed before the first patient arrives in the procedural area.
- In an emergency scenario, for example a life or limb saving procedure, as outlined in the NCEPOD Guidelines, it is recommended to conduct a team brief, even if this is as the patient is brought to the procedural area or after the patient has arrived.
- It is recognised that a Team Brief may not always be possible, if this is the case then this should be recorded using the Datix system to enable learning from these events.
- For Category 1 Lower Segment Caesarean Section it is recognised that there is a time urgency which means a formal Team Brief similar to that described above may not be feasible.

Structure of a Team Brief

- Each member of the team is responsible for introducing themselves by name and role. This should be displayed on a whiteboard in theatre that is easily visible.
- Each patient must be discussed in the order of the operating list from a surgical, anaesthetic and the theatre team's perspective.
- The following information should be discussed:

Surgeon/operator:

- The planned procedure including the site and side.
- A confirmation of a valid consent form.
- Implant/stent requirements and availability.
- Patient positioning requirements.
- Tourniquet requirement.
- Antibiotics requirement.

Anaesthetist:

- Patient medical history including relevant co-morbidities, weight and BMI.
- Any patient communication issues or disabilities.
- The patient's allergy status.
- Airway management plan including any anticipated airway difficulties.
- Anaesthetics equipment requirements including specific monitoring.
- Blood management plan including blood product availability, tranexamic acid requirement, and cell saver requirement.

General considerations:

- Infection status.
- Other risks such as laser use, and fire risk and management plan.
- Post-operative care plan including pain management, and requirement for ICU/HDU.
- Surgical equipment requirements and availability.
- Specimen requirements.

- The team must be made aware of any changes to the operating list order. When a change to list order is agreed a corrected session list should be generated and old session lists should be destroyed following the SOP for Theatre List Order Changes and Sending for Patients (WAHT-KD-016).
- The team must be made aware of any uncertainties with the operating list and updates communicated and shared across the whole team.

- If imaging requirements have not been communicated prior to the Team Brief, they must be promptly discussed during the briefing and immediately relayed to the radiology department to ensure timely coordination.
- It must be encouraged that every team member can ask questions, seek clarification or raise concerns about the planned patient care/procedure.
- For Obstetrics procedures there is a slight variation in the information discussed at the Team Brief. The team should conduct the Team Brief using the Obstetric Timeline Document (appendix 1).

Team Brief Record

A record of the Team Brief should be completed on Bluespier at the time of the Team Brief or immediately following this.

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: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	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	All Theatre staff are required to complete the mandatory safety steps in the whossc.	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

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page

			<p>Services Governance Group meetings</p>	<p>The team leaders, theatre 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.</p>	<p>meetings 6-12 times per year.</p>
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References

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) (2004) *Classification of intervention*. Available at: <https://www.ncepod.org.uk/classification.html> (Accessed: 26 June 2025).
- Centre for Perioperative Care (CPOC) *The National Safety Standards for Invasive Procedures (NatSSIPs)*. Available at: <https://cpoc.org.uk/guidelines-and-resources/guidelines/national-safety-standards-invasive-procedures-natssips> (Accessed: 26 June 2025).

Appendix 1. Obstetric Timeline Document

Affix Patient Label here or record:

Name:

NHS No:

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Hosp No:

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D.O.B:

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 Male Female

Ward: Cons:

**OBSTETRIC
THEATRE TIMELINE
(LSCS)**

Date: ____/____/____ Time: ____:____ Location: Obs Theatre Intervention Room

TEAM BRIEFING					TIMINGS	
Confirm equipment is checked and ready: (anaesthetic machine / diathermy / resuscitaire) <input type="checkbox"/>					EVENT	
Obstetric questions:					TIME	
Urgency Category:	1	2	3	4	Team brief	
Indication Confirmed:					Patient sent for	
If BREECH confirm USS done within 6 hours:					Patient enter Theatre	
Gestation:					Anaesthetic start	
Surgical concerns discussed:					Regional block commenced	
Additional procedures planned?	Yes				No	
Placenta site confirmed:					Anaesthetic ready	
Risk of major haemorrhage?	Yes Cell Saver? <input type="checkbox"/>				No	
Anaesthetic team states:					Catheterisation time	
Anaesthetic plan discussed:					Metronidazole PR	
Consent for PR medication?:	Yes				No	
ASA status?:	1	2	3	4	Knife to skin	
Relevant medical history discussed:					Knife to uterus	
Allergies noted:					Baby 1 delivered	F / M
Latest HB				Latest Platelets	Baby 2 delivered	F / M
Valid G & S/O-match?	Yes				No	
Midwife / Theatre team states:					Placenta delivered	
3T weight (KGs)					Wound closed	
Any cord samples needed?	Yes				No	
VTE risk:	High	Medium			Low	
Paeds required?	Yes				No	
Partners name:					Into Recovery	

BLOOD LOSS	
COMPONENT	MLS
Liquor	
Total estimated blood loss	
Cell saver return	

ADDITIONAL INFORMATION	
Diclofenac PR given	
Drain used	
Equitamp used	
Misoprostol used	
Catheter Used	

Consultant Obstetrician		Midwife 1	
Operating Surgeon		Midwife 2	
Surgical Assistant		Anaesthetic Consultant	
Scrub Practitioner		Anaesthetic Trainees	
Circulating Practitioner 1		Anaesthetic Assistant	
Circulating Practitioner 2		Students	
Recovery Staff		Paediatrician	

Form Completed By:		Signature	
Date:	Time:	Location:	

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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)			

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

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Safety Standards for WHO Team Brief.			
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"/> <input type="checkbox"/>	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> 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)	The National Safety Standards for Invasive Procedures (NatSSIPs2).			

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sources, eg demographic information for 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
Age		✓		All patients are treated equally and require the completion of the mandatory WHO steps outlined in the NatSSIPs2.
Disability		✓		See above.
Gender Reassignment		✓		See above.
Marriage & Civil Partnerships		✓		See above.
Pregnancy & Maternity		✓		See above.
Race including Traveling Communities		✓		See above.
Religion & Belief		✓		See above.
Sex		✓		See above.
Sexual Orientation		✓		See above.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		See above.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals)		✓		See above.

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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
that arise from the unequal 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.

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



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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