Policy on Correct Site Surgery
Policy and Procedures for Pre-operative Marking
<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Policy on Correct Site Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary:</td>
<td>This policy provides guidance to all staff responsible for pre-operative skin site marking.</td>
</tr>
<tr>
<td>Supersedes:</td>
<td>Supersedes Version 3 to reflect changes in practice, surgical checklists and review of the National Safety Standards for Invasive Procedures (NATSSIPs)</td>
</tr>
<tr>
<td>Description of Amendment(s):</td>
<td>Supersedes Version 3 to reflect recommendations in National Safety Standards for Invasive Procedures (NATSSIPs) and updated surgical safety checklist</td>
</tr>
</tbody>
</table>

This policy will impact on:
- Patients
- Any Clinician or Practitioner responsible for correct site marking prior to surgical procedures
- Clinicians and Practitioners working within the Radiology Department where specialist pre-operative marking may be required

Financial Implications:
Limited financial impact.

<table>
<thead>
<tr>
<th>Policy Area:</th>
<th>Trust Wide</th>
<th>Document Reference:</th>
<th>ECT000566</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Number:</td>
<td>4:0</td>
<td>Effective Date:</td>
<td>July 2017</td>
</tr>
<tr>
<td>Issued By:</td>
<td></td>
<td>Review Date:</td>
<td>Jan 2020</td>
</tr>
</tbody>
</table>
| Author: | Mike Cawley
Theatre Manager
Janet Hatton
Theatre Practice Development Nurse
Sam Leonard Matron surgery | Impact Assessment Date: | March 2017 |

APPROVAL RECORD

<table>
<thead>
<tr>
<th>Committees / Group</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation:</td>
<td></td>
</tr>
</tbody>
</table>
| Clinical Lead in Anaesthetics
Surgical Business Unit SQS Group
Information Governance Manager
Head of Clinical Governance
Clinical Risk Manager
Head of Infection Prevention and Control | Planned Care SQS | 25<sup>th</sup> March 2017 |

<table>
<thead>
<tr>
<th>Approved by Director:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing, Quality and Performance</td>
<td>25&lt;sup&gt;th&lt;/sup&gt; March 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Received for information:</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Forum Directorate SQS meetings</td>
<td>25&lt;sup&gt;th&lt;/sup&gt; March 2017</td>
</tr>
<tr>
<td>Page</td>
<td>Section</td>
</tr>
<tr>
<td>------</td>
<td>---------</td>
</tr>
<tr>
<td>4</td>
<td>1.0</td>
</tr>
<tr>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td>4</td>
<td>2.1</td>
</tr>
<tr>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>5</td>
<td>2.3</td>
</tr>
<tr>
<td>5</td>
<td>2.4</td>
</tr>
<tr>
<td>5</td>
<td>3.0</td>
</tr>
<tr>
<td>5</td>
<td>4.0</td>
</tr>
<tr>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>6</td>
<td>6.0</td>
</tr>
<tr>
<td>6</td>
<td>6.1</td>
</tr>
<tr>
<td>7</td>
<td>6.2</td>
</tr>
<tr>
<td>7</td>
<td>6.3</td>
</tr>
<tr>
<td>7</td>
<td>6.4</td>
</tr>
<tr>
<td>7</td>
<td>7.0</td>
</tr>
<tr>
<td>7</td>
<td>8.0</td>
</tr>
<tr>
<td>8</td>
<td>9.0</td>
</tr>
<tr>
<td>8</td>
<td>10.0</td>
</tr>
<tr>
<td>9</td>
<td>Appendix 1 - Procedure for Pre-operative Marking</td>
</tr>
<tr>
<td>10</td>
<td>Appendix 2 - The Pre-Operative Surgical Safety Checklist</td>
</tr>
<tr>
<td>11</td>
<td>Appendix 3 – WHO safety checklist (theatre)</td>
</tr>
<tr>
<td>12</td>
<td>Appendix 4 – Patient Refusal Form</td>
</tr>
<tr>
<td>13</td>
<td>Appendix 5 - Equality and Human Rights Policy Screening Tool</td>
</tr>
</tbody>
</table>
1.0 Policy Statement

The national Patient Safety Agency (NPSA) issued alert No. 06 in March 2005 with regard to pre-operative marking recommendations, which East Cheshire NHS Trust adopted.


The purpose of the World Health Organisation (WHO) ‘Safe Surgery Saves Lives’ recommended the use of a universal WHO Patient Safety Checklist to facilitate improved patient safety and the provision of evidence based guidance to inform health care establishments worldwide to ‘Firstly, to do no harm’.

The aim therefore of the WHO Patient Safety Checklist was to define a core set of safety standards that could be applied in all countries and healthcare settings to reduce the adverse consequences of wrong site, wrong patient surgical procedures.

In September 2015 National Safety Standards for Invasive Procedures (NATSSIPs) was published by NHS England. These standards set out key steps necessary to deliver safe care for patients undergoing invasive procedures and include steps for procedural verification of site marking. The Trust policy has been reviewed and updated to ensure that local standards are compliant with these national standards.

This Policy has been updated to reflect the recommendations made by WHO 2009, NATSSIPs 2015 and ECNHST’s valued-based behaviours. It applies to all clinical staff employed by East Cheshire NHS Trust either temporarily or permanently who are responsible for providing compassionate care to our patients and their families.

1.0 Planning and Implementation

Surgical site marking is mandatory for all procedures for which it is possible (NATSSIPs 2015)

Non operative side must NEVER be marked – even with statements such as not on this side (NATSSIPs 2015)

2.1 Circumstances where marking may not be appropriate

a) Emergency surgery should not be delayed due to lack of pre-operative marking
b) Teeth and mucous membranes
c) Cases of bilateral organ surgery such as bilateral tonsillectomy, squint surgery
d) Situations where the laterality of surgery needs to be confirmed following examination in theatre such as revision of squints

2.2 Patient Refusal of pre-operative skin marking

Where a patient refuses to have their skin marked before surgery, the risks of wrong-site surgery should be explained to them by a suitably qualified healthcare professional. A clear and accurate entry must be made in the patient’s clinical records in accordance with the professional’s regulatory body and ECNHST Clinical Records Management Policy.

The patient should be asked to sign a ‘Patient Refusal to have skin marked prior to their operation’ form, which is witnessed by any relative present/ and or operating doctor or deputy (please refer to appendix 4)
It may be appropriate in such instances and in agreement with the patient to mark the site of the intended operation by using alternative means such as marking the antiembolic stocking or theatre gown, attaching a label to a digit, attaching a patient identification wrist band on the wrist of the correct site to be operated on or stick a paper tape to the correct site and mark this.

It is not acceptable in such instances to do nothing. As an individual you must make the care of a patient your first concern and ensure their safety. Careful explanations of the reasons why marking for surgery is indicated may be enough for the patient to change their mind and accept skin marking.

Equally, however, the patient’s wishes or personal beliefs must be respected and supported by the healthcare worker acknowledging their right to accept or decline treatment or care. You must not allow their belief to prejudice the care you provide for them promoting dignity and respect at all times.

In some instances a patient may not have the capacity to make an informed decision about skin marking. You must ensure that patients who lack capacity are fully safeguarded and seek further advice regarding mental capacity assessment.

2.3 Marking to promote correct site surgery

Pre-operative marking has a significant role in promoting correct site surgery, including operating on the correct side of the patient and/or the correct anatomical location or level (such as the correct finger on the correct hand). In all instances you must ensure the patient is wearing a printed or legible patient identification (ID) wristband with the correct details included as detailed in ECNHST Patient ID Policy.

2.4 Standard pre-operative marking using a marking pen

The patient should be informed of, and agree with, the requirement to mark the correct operation site at the point of access nearest to the surgery and prior to seeking their allergy status e.g. marking is usually undertaken on admission to the ward, day case unit or surgical admission lounge. It is advised that the patient has showered on the day of attendance to hospital before the pre-operative marking is applied to the skin area. The patient should be assured that the ink will wash off fairly quickly. It is the responsibility of the admitting nurse to confirm that the patient has showered prior to attendance and if not provide an opportunity for the patient to at the earliest opportunity. This must be documented as cited on the Surgical Safety Checklist.

Pre-operative marking for patients who are due major bowel surgery are usually seen in the Bowel Screening Assessment Clinic on Friday afternoon prior to admission where pre-operative marking is applied to the skin area. On the day of admission to hospital it is the responsibility of the admitting nurse to ensure that the patient has a shower using Chlorhexidine solution. The nurse must clearly document and sign the Surgical Safety Checklist as part of the procedure.

3.0 Marking using other techniques in specialist departments such as Radiology

Patients may undergo other kinds of pre-operative marking such as for impalpable breast lesions where marking is made using ultrasound or guide wires inserted under X-ray control. In such circumstances additional marking by pen is unnecessary and potentially dangerous.

4.0 Surgical Safety Checklist

The WHO checklist has been adapted for use by ECNHST to incorporate the ‘Pre-Operative Checklist’ and on the reverse of the form the ‘Surgical Safety Checklist’, the completion of which is mandatory for each patient undergoing a surgical procedure in theatres. The checklist is printed on pink paper to align itself with the surgical notes which are also printed on pink paper.
A new checklist must be fixed to the patient’s clinical records and a separate checklist should be completed for each new surgical procedure. The surgical checklists are available from the photocopying room, code: CPY787 (pink). All checklists must be filed in the appropriate section of the patient’s clinical records together with the theatre records.

5.0 Risk Management

- If failure of any pre-operative check occurs the ‘Surgeon in Charge’ should be informed immediately. (S)He will assess the situation in discussion with the patient. A decision to either continue with the planned surgery or return the patient to the ward/day case area or surgical admission lounge for the procedure to be rescheduled will be made. It is the ‘Surgeon in Charge’s’ responsibility to ensure that a clear and accurate entry is documented in the patient’s clinical records that a decision to proceed at risk was taken in accordance with GMC standards, guidance and patient consent. A patient safety incident report (datix form) must be completed even if the decision to proceed with the operation is made. The reason for ‘failure’ of any pre-operative checks must be clearly documented.

- If the patient is returned to the ward/day care area a patient safety incident report (datix) must be completed in line with local governance procedures even if the operation did not take place.

- A senior member of staff should offer an explanation and apology to the patient and carer.

- If the patient’s next of kin or carer is not within the hospital every effort should be made to make contact by telephone in order to explain the reasons why the procedure has not been undertaken and allow the family member/carer with an opportunity to visit outside of normal visiting hours.

- If surgery is carried out on the incorrect site or incorrect patient, a datix incident form must be completed and investigation initiated as per ECNHST Serious Incident Requiring Investigation Policy (SIRI). In addition, verbal escalation of the incident to clinical risk management and senior line management is required. Action plans resulting from the review must be implemented within the agreed time-scales and will be monitored by ECNHST SQS and SIRI Groups.

6.0 Pre-Operative Marking (Procedure 1, Appendix 1)

6.1 How to mark

a) Specialist Marking

Specialist pre-operative marking procedures may be carried out where simple marking by indelible ink pen is not enough. For example, following discussion and agreement with patients with impalpable breast lesions, the operation site will be marked in the X-ray department by ultra sound or guide wire. It is not necessary to carry out any further marking prior to theatre. The practitioner carrying out the procedure will document in the patient medical records.

b) Indelible marker pen

An indelible marker pen should be used, the ink of which is not easily removed with alcoholic solutions (NATSSIPs 2015) The mark should be an arrow that extends to or near to the incision site and remain visible after the application of the skin preparation. It is desirable that the mark should also remain visible after the application of theatre drapes. Advice from The Infection Prevention and Control Team confirms that risk of cross infections is minimal from the same pen used on many patients. Pre-operative preparation of skin in theatre should be sufficient to clean the marked skin.
6.2 Where to mark

Ascertain intended surgical site from reliable documentation and images. Surgical operations involving side (laterality) should be marked at, or near, the intended incision. For digits on the hand and foot the mark should extend to the correct specific digit.

The mark must be placed such that it will remain visible in the operative field after preparation of the patient and application of drapes (NATSSIPs 2015)

For procedures during which the patients position is changed, marking must be applied such that it is visible at all times. When the patients position is changed during a procedure, the surgical site should be verified and the surgical mark checked (NATSSIPs 2015)

6.3 Who marks?

Marking should be undertaken by the operating surgeon, or nominated deputy (see note below) who will be present in the operating theatre at the time of the patient's procedure. (NATSSIPs 2015) The Consultant remains responsible in law for the management of the patient’s total care and treatment.

- Competence and training

A nominated deputy may include the Peri-operative Specialist Practitioners and Surgical Care Practitioner, after appropriate training, assessment of competency and written approval from the relevant Consultant.

6.4 With whom

The process of pre-operative marking of the intended site should involve the patient and/or family members/significant others wherever possible.

7.0 Time and Place

The procedural site must be marked shortly before the procedure but not in the anaesthetic or procedure room (NATSSIPs 2015)

The surgical site should, ideally be marked on the ward or day care area prior to patient transfer to the operating theatre. Marking should take place before pre-medication.

8.0 Verify (appendix 2)

The surgical site mark should be checked with the patient at the first nursing pre-operative check on the ward and against reliable documentation (including medical notes, consent form, X-rays) to confirm it is (a) correctly located, and (b) still legible, using the Pre-operative Checklist (Pink Form) CPY787.

Checking should occur at each transfer of the patient’s care;

- prior to leaving the ward (Refer to appendix 2)
- In the anaesthetic room The ‘SIGN IN’ must be undertaken before induction on anaesthesia and carried out by the ODP and anaesthetist as per checklist (refer to appendix 3)
- The ‘TIME OUT’ must be undertaken and carried out by the team members (circulator, ODP, nurse, anaesthetist and surgeon) before the start of the surgical intervention e.g. skin incision checking that marking is correct and the correct procedure is identified.
- The ‘SIGN OUT’ must be undertaken and carried out by the circulator, ODP, nurse, anaesthetist and surgeon before team members leave the operating theatre, confirming that the procedure has been performed on the correct site and side (NATSSIPs 2015).
- It is imperative that the whole team are present and complies with the ‘TIME OUT’ and ‘SIGN OUT’ procedure as referred to in Appendix 3 – Surgical Safety Checklist and documentation of sign in, time out, and sign out is completed (NATSSIPs 2015).

9.0 Organisational responsibilities

The responsibility for pre-operative correct site surgery marking will be the operating surgeon or designated deputy, who will be present in the theatre at the time of the Patient’s procedure.

The pre-operative checklist will be the responsibility of the responsible (checking) nurse. In theatre the operating surgeon and theatre staff directly involved in the intended operative procedure will be responsible for the required pre-operative checks.

This Policy will be the responsibility of the Theatre Services Manager and Service Managers in Surgery, Orthopaedics and Radiology.

10.0 Measuring performance

- Review – a 2 year review of the Policy through the Planned Care Services Safety and Quality Directorate Meeting unless other recommendations or guidelines are released.

- Quality and Performance Balanced Scorecard – compliance against WHO checklist

- Statement regarding dignity, equality and diversity – This policy has been impact assessed with regards to dignity, equality and diversity and there are no areas in the policy that contravene equality and diversity guidance.
Appendix 1

EAST CHESTER NHS TRUST

POLICY FOR PRE-OPERATIVE MARKING – CORRECT SITE SURGERY

Procedure 1: Marking of Operation Site

This procedure excludes specialist marking (e.g. in X-ray Department by guide wire or ultrasound).

In all cases the surgeon performing the surgery must check the marking prior to anaesthesia.

When marking a site or limb please ensure the following:

- The patient is able to identify the affected limb/area for surgery
- The notes, x-rays, consent form, patient understanding and operation list must all agree
- In the event of a confused/unconscious patient, a relative, nurse or doctor must be a second witness to the marking with reference to the above
- The mark must be made using a permanent marker
- The mark should clearly identify the area of concern by an arrow or the use of accepted abbreviation on the site/limb itself (i.e. Total Hip Replacement)
- A mark must be made even on a plastered or dressed area as this will be removed in the anaesthetic room
- The marker should avoid vulnerable areas (i.e. bruising/tibial crest in malnourished individuals, friable skin in patients taking steroids)
- The marker should take note of allergy-prone individuals
- The mark should be applied as close to the procedure as is practical
- The mark must be placed such that it will remain visible in the operative field after preparation of the patient and application of drapes
- For procedures during which the patients position is changed, marking must be applied such that it is visible at all times. When the patient’s position is changed during a procedure, the surgical site should be verified and the surgical marker checked
- The mark should be made by a member of the team performing the surgery (i.e. the operating surgeon or nominated deputy)
- The marker should ask the patient/nurse/carer to report if the mark is washed off pre-operatively so that it may be re-applied
- Non operative side must never be marked – even with statements such as “not on this side” (NATSSIPs 2015)
# Surgical Safety Checklist

**THIS FORM MUST BE COMPLETED BY THE RESPONSIBLE NURSE BEFORE A PATIENT IS SENT TO THE OPERATING THEATRE. THE SITE OF OPERATION MUST BE MARKED BEFORE LEAVING THE WARD**

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Temperature (&gt;36°C)*</th>
<th>Respiratory rate</th>
<th>Weight (kg)</th>
<th>Blood Glucose (if diabetic)</th>
<th>Responsible Nurse</th>
</tr>
</thead>
</table>

- Consent form correctly completed and signed by patient
- Site of operation marked (COMPULSORY)
- Allergies/sensitivities
- Patient has taken usual prescribed medication/s: Yes ☐ No ☐
- Notes/ prescription sheet enclosed
- X-rays/scans/ test results enclosed
- Possum Score result in notes for laparotomy patients: Yes ☐ No ☐
- Patient Identity band checked with patient and notes
- VTE Risk assessed and appropriate measures taken
- Time patient last ate: ____________________ Time patient last drank: ____________________
- Consent form correctly completed and signed by patient
- Major bowel patients have showered with Chlorhexidine: Yes ☐ No ☐
- In women of reproductive age: Could you be pregnant? Yes ☐ No ☐
- Has a repeat G&S been done: Not required ☐ Yes ☐ No ☐
- Hearing aid removed and put away safely
- Dentures/plates removed
- Any loose teeth? Please state where
- Caps/crowns in situ
- Jewellery/body piercing/makeup/ hairgrips - removed/taped
- False /Gel nails removed: Yes ☐ No ☐ N/A
- Contact lenses/ prosthesis - removed
- Valuables secured
- Mobility assessed: state how travelling to theatre (walk/trolley/bed)
- If assessed as able to walk to theatre patient has given their consent: Yes ☐ No ☐
- If travelling on trolley or bed safety rails in situ: Yes ☐ No ☐
- Waterlow >10 or at risk of pressure sore: Yes ☐ No ☐

**ODA/ODP Receiving patient**

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Responsible Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date/Time:</td>
</tr>
</tbody>
</table>

* Follow NICE guidance for SSI (CG74) and Peri-operative Care (CG65)
**SURGICAL SAFETY CHECKLIST**

### SIGN IN (ODP & Anaesthetist)

<table>
<thead>
<tr>
<th>BEFORE INDUCTION ON ANAESTHESIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient confirmed his/her identity, site, procedure and consent?</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

| Is the surgical site marked? |
| ☐ Yes |
| ☐ Not applicable |

| Is the anaesthesia machine and medication check complete? |
| ☐ Yes |

| Is the pulse oximeter on the patient and functioning? |
| ☐ Yes |

<table>
<thead>
<tr>
<th>Does the patient have a:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known allergy?</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

| Difficult airway or aspiration risk? |
| ☐ No |
| ☐ Yes |

| Risk of >500ml blood loss (7ml/kg in children)? |
| ☐ No |
| ☐ Yes |

| ☐ Yes |
| ☐ Not applicable |

| Blood products available/G&S |
| ☐ Yes |

| two IVs/central venous access |
| ☐ Yes |

| Need for Active Warning? |
| ☐ No |
| ☐ Yes |

### TIME OUT (Circulator, ODP, Nurse, Anaesthetist and Surgeon)

#### BEFORE SKIN INCISION

| ☐ Confirm all team members have introduced themselves by name and role |
| ☐ Confirm the patient’s name, procedure and where the incision will be made |

| Has antibiotics prophylaxis been given within the last 60 minutes |
| ☐ Yes |
| ☐ Not applicable |

| Has VTE prophylaxis been undertaken? |
| ☐ Yes |
| ☐ Not applicable |

### Anticipated Critical Events

#### To Surgeon:

| ☐ What are the critical or non-routine steps? |
| ☐ How long will case take? |
| ☐ What is anticipated blood loss? |

#### To Anaesthetist:

| ☐ Are there any patient specific concerns? |

#### To Nursing Team:

| ☐ Has sterility (including indicator results) been confirmed? |
| ☐ Are there any equipment issues or any concerns? |

### BEFORE PATIENT LEAVES OPERATING ROOM

| ☐ Scrub nurse verbally confirms with the team: |
| ☐ The name of the procedure |
| ☐ Completion of instruments, sponge and needle counts |
| ☐ Specimen labelling (read specimen labels aloud, including patient name) |
| ☐ Whether there are any equipment problems to be addressed |

| Surgeon, anaesthetist and scrub nurse: |
| ☐ What are the key concerns for recovery and management of this patient? |
EAST CHESHIRE NHS TRUST
POLICY FOR PRE-OPERATIVE MARKING –CORRECT SITE SURGERY

PATIENT REFUSAL TO HAVE SKIN MARKED BEFORE THEIR OPERATION

I (full name): …………………………………………………………………………………………………………

Hospital Number: ………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

OPERATION: …………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

• Do not want my skin to be marked for the correct operation site prior to my operation
• I have been informed clearly of the risks I am taking by this refusal
• I understand and accept the risks and wish the operation to proceed without the marks

Signature of patient: ………………………………………………………………………………………………………

Witness 1: ……………………………………………………………………………………………………………………
(relative)

Witness 2: ……………………………………………………………………………………………………………………
(Operating Surgeon or operating deputy)

Date: ……………………………………………………………………………………………………………………

This form must be filed in the medical record with the theatre notes
Equality Analysis (Impact assessment)

Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.

Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Correct Site Surgery Policy

Details of person responsible for completing the assessment:
- Jeanette Sarkar
- Head of Nursing, Acute
- Acute Business Group

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This policy provides explicit guidance and standards for staff to adhere to in relation to surgical procedures that require correct site marking aligning pre operative patient safety practice and safety checks.

This Policy has been updated to reflect the recommendations made by WHO 2009 and ECNHST’s valued-based behaviours. It applies to all clinical staff employed by East Cheshire NHS Trust either temporarily or permanently who are responsible for providing compassionate care to our patients and their families.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers East Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people). On occasions people that live outside the usual catchment area such as Leek/ Buxton may access or choose ECNHST for their care.

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
• Gypsies & travellers – estimated 18,600 in England in 2011.

**Gender:** In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

**Disability:**
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability.
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia.
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

**Sexual Orientation:**
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (*The Lesbian & Gay Foundation*).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

**Religion/Belief:**
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% in 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- **Christian:** 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- **Sikh:** 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- **Buddhist:** 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- **Hindu:** 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers:** In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

### 2.2 Evidence of complaints on grounds of discrimination:
(Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

| NONE KNOWN |

### 2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

| NO |

### 3. Assessment of Impact
MC/JH/SL review of policy March17
Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently?  Yes ☐ No ☐X

Explain your response: The policy guides staff to adhere to core professional standards and comply with legislation. If discussion and explanation is required for the patient, and their first language is not English, then staff will follow the trust interpretation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?  Yes ☐ No ☐X

Explain your response: The policy guides staff to adhere to core professional standards and comply with legislation/service requirements/statutory bodies.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☐ No ☐X

Explain your response: The policy refers to trust valued behaviours that all staff are to adopt and apply in their everyday practice ensuring that individuals are treated as equals without prejudice. If patients require alternative methods of communication, the trust interpretation policy will be followed. There is a picture communication book available in the ward communication aids boxes on the wards. There should be guidance on alternative means of marking if the patient is unwilling to be marked on the skin, eg for patients with learning disabilities or autism – this is in evidence.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes ☐ No ☐X

Explain your response: The policy governs staff to treat each individual with mutual dignity and respect, caring for each patient in a sensitive and compassionate way

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☐ No ☐X

Explain your response: The policy guides staff in relation to professional standards and depicts the trust’s valued behaviors of being non-judgmental promoting dignity and respect

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes ☐ No ☐X

Explain your response: The policy takes into consideration individual beliefs and guides staff to respect individual preferences and rights accordingly
CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes ☐ No ☐ X
Explain your response: The policy standards and professional conduct of all staff expects carers to be treated equally

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes ☐ No ☐ X
Explain your response: No other impacts identified.

4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes ☐</th>
<th>No ☐ X</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The policy guides staff based on best practice and refers to significant others in the event that further explanation/consent is sought to pre operative marking. Age appropriate communication tools can be used to aid understanding.

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

- Key professional groups
- Requested Patient Experience Lead to seek viewpoints from patient reference group for inclusion if appropriate
- Evidence base from local and national guidance

6. Date completed: 23.3.17  Review Date: January 2020

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 23.3.17