

PLANNED CARE
THEATRE OPERATIONAL POLICY

Review date: April 2021
Mr U Khan : Clinical Director
Mr M Brown :Associate Director Planned Care
Mr M Cawley : Theatre Manager

Policy Title:	Theatre Operational Policy		
Executive Summary:	To clarify operational systems and processes that support effective and efficient delivery of theatre services at East Cheshire NHS Trust.		
Supersedes:	Version 4.0		
Description of Amendment(s):	-		
This policy will impact on:			
Trust wide clinical practices, clinical teams in all surgical specialties, theatre staff, HSDU, pre-operative assessment and staff involved in booking and scheduling theatre lists.			
Financial Implications:			
No direct cost. More efficient utilisation of theatre resources to maximise available capacity and minimise waste.			
Policy Area:	Planned Care	Document Reference:	ECT002390
Version Number:	4.1	Effective Date:	07/02/2018
Issued By:	Director of Nursing, Performance & Quality	Review Date:	01/04/2021
Author:	Mr M CAWLEY - Clinical Manager Theatres	Impact Assessment Date:	
APPROVAL RECORD			
	<u>Committees / Group</u>	<u>Date</u>	
Consultation:	Planned Care SQS	25/03/2018	
Clinical leads, Surgery		25/03/2018	
Theatre Management Team	Specialist Advice (if required)	25/03/2018	
Approved by Director:	Associate Director Planned Care	25/03/2018	
Received for information:			

1. THE POLICY

This policy is written to provide a set of instructions that will be followed for the scheduling of theatre list, the management of patients and their care within the theatre suites at East Cheshire NHS Trust.

2. INTRODUCTION

The purpose of this policy is to ensure that all staff have an understanding of the operational systems and processes that support effective and efficient delivery of theatre services.

The Theatre Services at East Cheshire NHS Trust consist of three separate suites; each theatre suite has its own anaesthetic, scrub and lay up room and recovery area. The suites comprise of "Main Theatres" which has four operating rooms, "Orthopaedics" that has two operating rooms and the "Day Case Unit" which has one operating room. Millbrook Unit x 1 clinical area

In total there are seven operating theatres, the primary use of these theatres are:

- Theatre 1 is an obstetric theatre dedicated to planned and emergency caesarean sections and other obstetric procedures.
- Theatre 2 is predominantly for general surgery & breast surgery
- Theatre 3 is gynaecology, plastic surgery, ENT and breast surgery.
- Theatre 4 is the emergency and trauma theatre.
- Theatre's 5 & 6 are used for elective orthopaedic surgery. These are fitted with laminar flow units. Trauma and Oral surgery is also performed here.
- Day Case Unit, dedicated for day case surgery, is used for ENT, Ophthalmology, Urology, oral surgery and general surgery.

The recovery area in Main Theatre has four bays including an obstetric recovery bay and a stabilisation bay that is specifically equipped to allow short term patient ventilation. The recovery area in orthopaedics has three bays. The Day Case theatre has two bays.

Routine Theatre sessions will run on a weekday basis and will be from 0900 to 1300 in the morning and 1330-1730 in the afternoon. Emergency Theatre sessions will also be available on a daily basis (including weekends to meet demand). Any variations on these times will be by specific agreement with the Clinical Director or Associate Director.

3. ROLES AND RESPONSIBILITIES

Chief Executive - Has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust. This responsibility may be delegated to an appropriate colleague.

Clinical Director / Associate Director – It is the responsibility of the Clinical Directors and Associate Directors of the service lines to ensure that all staff are aware of and follow this policy

Clinical Leads – Responsible for communicating and ensuring compliance with the policy by clinical teams

General Manager – Responsible for communicating and ensuring compliance with the policy by the operational teams

Clinical Manager, Theatres – Responsible for the operational implementation, supporting staff and auditing compliance with the policy.

Theatre Co-ordinator & Team Leaders for Scrub, Anaesthetics and Recovery are responsible for leading by example, supporting and ensuring their teams comply with the policy.

Practice Educator (Theatres) – Ensuring all existing staff are aware of policy and that all new staff receive education and training on induction.

All perioperative and clinical staff are responsible for ensuring that they read and understand the policy and related documents and implement the guidance into their practice.

4. AIM OF THE SERVICE

To provide high quality, efficient surgical care to all patients in a safe, professional, environment. The Operating Theatre service aims to reflect the Trust values listed below

- Treat each other with respect and dignity
- Commitment to quality of care
- Show compassion
- Improve lives
- Working together for patients
- Make everyone count

5. GENERAL MANAGEMENT OF THE THEATRE SERVICE

- The Clinical Lead and Associate Director for Planned Care have overall responsibility for governance and finance.
- The Theatre Manager is responsible for operational management and accountable for the theatre budget.
- The Deputy Theatre Manager and/or Theatre Coordinator is responsible for day to day management of theatres.
- Designated deputy team leaders have delegated responsibility for the supervision and support of junior theatre staff.
- Clinical responsibility remains with the consultant surgeon and consultant anaesthetist who are either involved with, or directly or indirectly supervising the care of the patient.
- A Theatre User Group will be in place.

6. THEATRE SCHEDULING

All theatre lists will be managed and compiled in accordance with the Theatre Scheduling Policy. The Inpatient Booking Team will plan the list in order to make maximum use of the resources and time available. Operating lists must be compiled taking into account the following:

- Operating time available
- General Anaesthesia or Local Anaesthesia session
- Expected duration of surgical procedure including anaesthetic time
- Case mix
- Grade of operating surgeon / anaesthetist
- Any special equipment / implants / additional resources

- Whether a patient requires an assessment to meet their individual needs that may require theatres to make some reasonable adjustment to the list.
- Bed availability, for in-patients, day cases and in particular ITU / HDU

7. THE MANAGEMENT OF EMERGENCY PROCEDURES

- An emergency theatre is provided between the hours of 09.00 - 13.00 weekdays. Afternoon sessions in this theatre are dedicated to orthopaedic trauma.
- Any emergency surgery that cannot be accommodated on this list will become the responsibility of the on-call team. On-going care and management will be co-ordinated by the responsible consultant surgeon and consultant anaesthetist.
- Wherever possible emergency surgery should take place with normal working hours. Only patients meeting NCEPOD criteria as Urgent Category 1 should have emergency surgery between 00:00 and 08:00 (Appendix 1).
- Patients pending diagnostic investigations should not be booked for theatre.
- Emergency patients are booked by the surgeon attending Main Theatre and completing the yellow emergency booking sheet.
- The Booking Surgeon must inform the anaesthetist and attend Main Theatres to inform the Theatre Co-ordinator, (or the duty ODP if out of hours) of the emergency and complete the patient details on the yellow booking sheet. These details must include patient's name, date of birth, hospital number, the ward the patient is coming from and returning to after surgery and the details of the operation to be performed and the NCEPOD category. The Operating Surgeon's contact details must be completed.
- The patient should be assessed by an anaesthetist before the case is brought to theatre.
- If the patient is going to be taken to theatre after 00:00 the Surgeon and Anaesthetist must agree that this as an appropriate emergency and that it is within NCEPOD guidelines. If an agreement cannot be made the Consultant Surgeon should be informed and make the decision. On-call theatre staff will be contacted and asked to attend by the resident ODP.
- The resident ODP will only call in theatre following the set protocol of questions found behind the emergency booking sheet.
- Trauma cases not carried out during a trauma session can be performed in Theatre 4 as emergencies.
- If a patient is cancelled from the emergency list the most senior member of Theatre Staff on duty must be informed immediately.
- On call staff that are brought into the hospital for duty out-of-hours must adhere to the European Working Time Directive Guidelines for rest time and commencement of duty on the following day.

8. MONTHLY THEATRE UTILISATION

Run Times 4 Hour Sessions

Every effort must be made to fully utilise the time allocated for the list, including;

- The first patient of the morning should be commencing anaesthetic no later than 09:00
- The last patient of the morning should be in recovery at 13.00.
- The first patient of the afternoon should be commencing anaesthetic no later than 13.30
- The last patient of the afternoon should be in recovery at 17:30.
- The first patient on the operating list should always be first, unless there is a clinical reason to change the order.
- All-day lists run throughout the day but must include a nominal 30 minutes lunch break at some time which may be staggered to allow all staff to have a break.
- Any variance to scheduled time must be arranged through Theatre Manager or Clinical Lead for Anaesthetics with a period of two weeks' notice.

- Evening and weekend working will be agreed as service need dictates.

Monthly Senior Management Team (SMT) and Surgical Quality Standards (SQS) will review the previous month's performance as stated in the key performance indicators and ensure these are within agreed parameters. Deviation from these parameters will be investigated and challenged by the relevant directorate manager and clinical leads.

The key performance indicators are:

1. The Four National Audit Measures

- T1 - the planned time lost due to cancelled sessions. Target 92.5%
- T2 - actual run time of lists as a percentage of their session planned hours. Target 90%
- T3 - gaps between patients. Target 92%
- T4 - end utilisation of the original planned hours for scheduled elective sessions, i.e. the combination of whole lists being cancelled, of list under runs and of gaps between patients. Target 77%.

2. Local Theatre Utilisation Targets.

These aim to collect information to continually improve quality, safety and the patient experience. Information is collected, including on the following, and reported and displayed monthly on the Theatre dashboard:

- T5 - Number of planned elective cases compared to actual cases undertaken.
- T6 - All day-case and elective activity within the Day Case Unit including activity undertaken as day cases on ETU (General Surgery and Ophthalmology), activity undertaken on wards and activity subcontracted to the private sector
- T7 - Number of cancelled scheduled elective sessions by reason.
- T8 - Number of sessions that have been re-allocated and used.
- T9 - Number of cancellations of scheduled sessions for surgeon annual or study leave. This is based on the date the cancellation was input on Galaxy
- T10 - Number of scheduled elective cases cancelled on the day. This only includes patients who have come into hospital on the day and are then cancelled.
- T11 - Number of first patients on the list sent for by Theatres by 9am or 130pm.
- T12 - Start time is defined as anaesthesia start time.
Morning and afternoon lists start at 9am and 1.30pm. Anaesthesia start times should coincide with the planned list start time.

Theatre utilisation is closely monitored according to previous audit commission recommendations for effective theatre utilisation. Any delays in start and finish times, dropped sessions, under runs, over runs and other associated inefficiencies are scrutinised to develop understanding of causal factors and inform decision making.

Cancellation of Sessions

- 6 weeks' notice must be given of cancellations to theatre sessions. All lists cancelled at less than 6 weeks' notice will be highlighted to the specialty at the Theatre Utilisation Group.
- If a session is not going to be utilised by a consultant or one of their team, it can be offered out to other specialties. Cancelled or dropped lists can be utilised by any available surgeon who requires additional capacity by completing a additional list form from the Theatre Scheduling Policy.
- At less than two weeks' notice lists cannot be reinstated without the approval of Head of Service, Theatre Manager and Lead Clinician in anaesthetics.
- If patients are not booked onto a session two weeks prior to date of session, the session may be cancelled, following discussion with inpatient booking team except those who accommodate open access breast clinic patients.
- Unutilised sessions will be identified on the theatre rota as emergency sessions theatres will staff such sessions with minimum staff. The surgeons should plan to use such sessions for pending urgent cases.
- Any last minute and unscheduled theatre session cancellations will be investigated by the Theatre Utilisation Group.

Cancellation of Patients on the day of Surgery

- Any decision to postpone or cancel elective surgery will be made by the Associate Director of Planned care or a consultant in discussion with the designated senior nurse in charge of the theatre suite. Clinical need of elective patients and patient access standards must be taken into consideration.
- Cancellation on the day will be reported to the inpatient flow coordinator to arrange an alternative date.

9. SERVICE PRINCIPLES

Theatre will provide a team of trained healthcare professionals for all surgical activity. Each session will have 2 x Scrub Practitioners, 1x Circulating Practitioner, 1 x Anaesthetic Practitioner and 1 x Recovery Practitioner.

All healthcare professionals have a duty to set a standard by which to practice. With a focus on clinical effectiveness and evidence based care theatre staff must be able to demonstrate the ability to audit nursing and theatre practice. The care that is delivered and improvements in practice must be based on evidence and best practice.

The objectives of the theatre practice are:

- To ensure that a standard of care is delivered to each individual that is equitable and fair.
- To identify the standards of care to be delivered to patients through all the areas within the operating theatres i.e. Anaesthetic Room, Operating Theatres and the Recovery Unit.
- Where practice needs additional clarity a Standard Operating Procedure will be written.
- To enable auditing of nursing practice throughout all areas.
- To ensure all staff are aware of standards of care to be delivered to patients whilst in the Operating Theatre Department.
- To provide information to all staff of the departments expectation of the standards of care to be delivered to all patients.

9.1 Preoperatively

- All patients are seen immediately prior to surgery by the anaesthetic and surgical medical staff.

- All patients have the appropriately signed consent for their operation taken before they come to theatre in line with Trust policy.
- Team Brief will be performed prior to each list or emergency session with surgical, anaesthetic and theatre staff involved in that list as per Safer Surgical Interventions Policy.
<http://www.eastcheshire.nhs.uk/About-The-Trust/policies/S/Safer%20Surgical%20Interventions%20ECT2362.pdf>
Any list order changes to only be made by the operating surgeon for safety reasons.
- Theatre staff must ensure relevant equipment is available. If equipment is not available, the surgeon should be informed before anaesthesia commences.
- No patient will be accepted into theatre without a signed consent form and pre-operative check list. Patients should not be left unattended in the Anaesthetic Room.
- Patients will either walk to theatre accompanied by a member of staff or be transferred on a trolley or a bed accompanied by both a member of staff and a porter according to the “Walking to Theatre” policy¹.
- All patients will undergo a “sign in” from the WHO Surgical Safety Checklist which is completed on paper and documented on Galaxy, as part of their peri-operative care provision.
- The surgical site must be marked as per Trust policy, x-rays must be displayed if required and all relevant site information written on the theatre whiteboard.
<http://www.eastcheshire.nhs.uk/About-The-Trust/policies/C/Correct%20Site%20Surgery%20ECT2798.pdf>
This is the responsibility of the operating surgeon.

9.2 Intra operatively

- All patients will undergo a ‘time out’ and a ‘sign out’ from the WHO Surgical Safety Checklist which will be completed on paper and documented on Galaxy, as part of their peri-operative care provision.
- All staff must follow Theatre policy for Hand Antisepsis, Gowning & Gloving and Principles of Safe Practice – The Count Policy at all times.
<http://www.eastcheshire.nhs.uk/About-The-Trust/policies/P/Principles%20of%20Safe%20Practice%20in%20the%20Perioperative%20Environment%20Swab%20instrument%20and%20needle%20counts%20ECT2105.pdf>
<http://www.eastcheshire.nhs.uk/About-The-Trust/policies/T/Theatre%20Surgical%20Hand%20Antisepsis%20Gowning%20Gloving%20Policy%20ECT2749.pdf>
- The perioperative care plan is completed to document responsibility for counts and other patient care interventions for the individual patient.
- All staff must follow trust policies and procedures for assessing, managing and reporting risks. All incidents must be escalated to the Theatre manager, Deputy Theatre Manager or Theatre Co-ordinator and a datix completed.
- The patient’s perioperative journey, all instrument trays and sundries used are tracked within theatre using the Galaxy system.
- Specimens will be dealt with according to the theatre safe handling of specimens guidelines.

9.3 Post operatively

- All patients that require post anaesthetic care, will be recovered by a competent Recovery Practitioner.
- The anaesthetic team will give a clear handover of the patient to the Recovery Practitioner in a comprehensive and systematic way that will include patient identification, the operation performed, past medical history, allergies and specific post op instructions.

- The Recovery team will provide necessary care for the patient until they meet the agreed discharge criteria for return to the source ward or higher level of care.
- The recovery practitioner will provide a comprehensive and systematic handover of the patient to the source ward or higher level of care.

10. RESOURCE MANAGEMENT

- Budgetary control and management of staffing resources is the responsibility of the Theatre Manager. The Deputy Theatre Manager has delegated responsibility for ensuring available resources are utilised efficiently and effectively.
- Cheshire ICT is available to support the theatre computer system and to run reports of data sets requested by the Theatre Manager.
- The Inpatient flow coordinator will support effective theatre utilisation and will advise those involved in booking and scheduling theatre lists to ensure maximum utilisation.
- Any changes in practice that impact significantly on expenditure in theatres will be carefully assessed by the Theatre Manager and Deputy Theatre Manager to include a cost-benefit analysis. This particularly applies to changes in process and procedure that may increase the cost of consumables such as prostheses.

11. QUALITY AND AUDIT

- The Safety and Quality Standards (SQS) meeting provides a forum for ensuring safety and quality standards in clinical practice.
- Clinical incidents will be processed and reviewed using Datix in line with Trust policy.
- Completion of the WHO checklist will be audited monthly using the Galaxy system.
- Health and Safety and COSHH standards will be managed in line with trust policy.
- Infection Prevention and Control issues are managed in line with Trust Policy. There are identified Infection Control Link Nurses.
- Theatre air flow monitoring is completed as necessary.

12. SUPPORT SERVICES

To ensure effective and efficient running of theatre services the department relies on co-operative working relationships with a range of other departments. Effective communication is essential to maintain safety and quality standards and meet the expectations of staff and users of the service.

HSDU

- Trolleys with used instruments are taken to HSDU for reprocessing at 8am, 12pm, 4pm and 6pm by the portering staff. Sterilised instruments and trays are returned to theatre from HSDU as they are full. The theatre porters are notified there are instruments for collection by HSDU. Single requested items are arranged directly with HSDU. Emergency provisions and loan kit are processed within agreed timescales in line with service level agreement.

Porter Service

- A dedicated porter service is available in line with Service Level Agreement with ISS and in consultation with Support Services.

Laundry

- A daily delivery of theatre scrubs and linen will be provided on a receive and return basis
- Blue scrub suits are for theatre staff only. Other departments must use raspberry coloured suits.

Pathology

- Collection of specimens will be x 3 daily at 08.30, 13:00 and 16:30hrs approximately. Urgent specimens will be sent immediately following operation. There are specific arrangements for Breast Specimens. An air tube is available for suitable specimens.
- Specimen containers will be routinely ordered and additional stock can be requested daily at the specimen collection point.
- Any large formalin containers are stored with specimen containers and associated spill kits. Replacements will be provided upon request.
- The blood fridge is located in Main Theatre Reception & Orthopaedic Theatre Reception

ETU

- ETU operate an out-of-hours on-call facility to undertake and assist in emergency endoscopy procedures. Theatres may be used as the location for the procedure with ETU staff providing the appropriate equipment and expertise. Theatre staff will be called in out-of-hours to ensure sufficient staff are available to provide safe care.
- Endoscopes for emergency use out-of-hours are stored within the Endoscope storage facility in ETU. Each scope is considered sterile for 72hours from initial process if stored within the cabinet. ETU will re-sterilise the scopes when they reach their time limit or after use.

Pharmacy

- Pharmacy ordering and deliveries will be on a daily basis
- Flammable items will be stored in the appropriate manner
- Anaesthetic volatile agents will be stored in locked cupboards in the anaesthetic rooms.
- Pharmacy items stored in Anaesthetic Rooms or Recovery will be in locked cupboards.
- Controlled drugs will be ordered, stored and checked as per Trust policy
<http://www.eastcheshire.nhs.uk/About-The-Trust/policies/C/Controlled%20Drugs%20Policy%20-%20Safe%20and%20Secure%20Handling%20ECT2707.pdf>
- There are lockable fridges in each Anaesthetic Room and Recovery for drugs which need to be stored at lower temperatures. Fridge temperatures are monitored daily.

Radiography

- There is both an in hours and out of hours radiology service. Radiology assistance is routinely booked for trauma lists. Advance notice should be given to radiology to avoid delays.

Security

- Theatre entrance and exit doors are kept locked at all times. Digital or swipe security locks are provided on changing room doors and for Day Case Unit. There is a panic alarm button in Main Theatre reception. all external doors. Main Theatres have several panic alarms. Plans are in place to install swipe access doors to both Main Theatres and Orthopaedic Theatres.

Domestic Services

- Domestic services are supplied via Service Level Agreement
- Soiled linen and clinical waste will be removed as required from the disposal rooms by the ISS Portering Service

Deliveries

- All deliveries will be made to the stores area within each theatre suite.

APPENDIX 1

NCEPOD Classification table

Table 3 – NCEPOD Intervention Classification.					
Code	Category	Description	Target time for the procedure	Expected timing	Example
1	Immediate	Immediate life-saving or organ-preserving intervention. Resuscitation is done simultaneously with the surgical procedure	Within minutes of deciding that a procedure is required	Performed in the first operating room available If necessary, other category ≥ 2 procedures must be postponed	Ruptured abdominal aortic aneurism repair
2	Urgent	Intervention to resolve a life-threatening acute onset condition, or conditions than may endanger physical integrity, or organ survival	Within hours of deciding that the procedure is required, after initial resuscitation is completed	Performed as part of a list or urgent procedures, even during the night If necessary, other category ≥ 3 procedures must be postponed	Appendectomy
3	Priority	Procedure for a stable patient requiring early intervention for a condition which does not immediately threaten life, physical integrity or organ survival	Within days of deciding that the procedure will be performed	It may be performed as part of scheduled priority surgeries, not during the night	Reduction and fixation of a closed fracture
4	Elective	Scheduled procedure	Planned	Surgical Schedule	Primary joint replacement

Source: Taken from www.ncepod.org.uk⁹

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?

THEATRE POLICY

Details of person responsible for completing the assessment:

- *Name: MIKE CAWLEY*
- *Position: THEATRE MANAGER*
- *Team/service: planned care*

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)

TO CLARIFY OPERATIONAL SYSTEMS AND PROCESSES THAT SUPPORT EFFECTIVE AND EFFICIENT DELIVERY OF THEATRE SERVICES AT EAST CHESHIRE NHS TRUST

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 Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. 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).

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

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

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? No

Explain your response:

No part of this operational policy affects any particular racial group.

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? No

Explain your response:

No part of this operational policy is affected by gender type

DISABILITY

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

Explain your response:

Additional care may need to be taken when dealing with patients (or staff) with a disability. This will be assessed on an individual basis and will be handled as effectively as possible. This may include additional staff from varying specialties. For patients with learning disabilities and/or autism, reasonable adjustments will be made such as earlier placement on the list.

AGE:

From the evidence available does the **policy, procedure, proposal, strategy or service**, affect, or have the potential to affect, age groups differently? No

Explain your response:

Care will need to be taken with different age groups and their specific additional requirements. For example older patients may require earlier placement on the list in order to reduce fasting time.

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? No

Explain your response:

No part of this operational policy is affected by sexual orientation of staff or patients.

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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? No

Explain your response:

No part of this operating policy is affected by religion or belief.

CARERS:

From the evidence available does the **policy, procedure, proposal, strategy or service** affect, or have the potential to affect, carers differently? No

Explain your response:

Carers may be involved in escorting vulnerable/young patients to theatre and being present in recovery,. This will be facilitated by theatre staff.

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? No

Explain your response: No other impacts identified.

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4. Safeguarding Assessment - CHILDREN

a. Is there a direct or indirect impact upon children?	No <input type="checkbox"/>
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:	
c. If no please describe why there is considered to be no impact / significant impact on children – reasonable adjustments will be made as required for young patients.	

5. Relevant consultation

*Having identified key groups, how have you consulted with them to find out their views and that the made sure 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?*

DISCUSSED AT SURGICAL SQS MEETING

6. Date completed: 13/02/2018 **Review Date:** 01/04/2021

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?

Action	Lead	Date to be Achieved

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: 13.2.18

