

FOI Ref: 26/120

17th June 2026

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I am interested in the types and colours of surgical skin markers used within your organisation, and how procurement or clinical guidance decisions are made about their use.

Please provide the following information:

1. A list of all surgical skin markers currently used in your organisation for:

Please see the attached document 'FOI 26-120 - Q's 1, 2 and 5', for a list of all skin markers purchased by East Sussex Healthcare NHS Trust (ESHT), from 2025 to February 2026.

- a. **Pre-operative site marking in theatres.**
- b. **Marking the skin for bedside or ward-based procedures (e.g., central venous access, chest drains, skin demarcation, or similar).**

Please see the attached document 'FOI 26-120 - Q's 1, 2 and 5'.

2. For each marker, please include:

- a. **Brand and product name.**
- b. **Ink colour(s).**
- c. **Typical clinical area(s) where it is used.**

Please see the attached document 'FOI 26-120 - Q's 1, 2 and 5', for a list of all skin markers currently used by East Sussex Healthcare NHS Trust.

3. Copies of any product specifications, catalogues, or procurement documents held by the organisation that describe available colours and intended use.

Please see the attached document 'FOI 26-120 - Q's 1, 2 and 5', for a list of all skin markers purchased by East Sussex Healthcare NHS Trust (ESHT), from 2025 to February 2026.

4. Copies of any current Organisational policies, protocols, guidelines, or training materials that:

- a. Refer to the choice of surgical skin marker colour.**
- b. Refer to visibility of markings in different clinical contexts or patient groups.**
- c. Address this issue within equality, diversity and inclusion, patient safety, or clinical governance documents.**

Please see the attached policy and note that it is the Trust's FOI policy to only provide the names of staff that are grade 8a or above, therefore staff that are below that grade have been redacted from the attached document.

Please also note that we have redacted the names of the Trust's IT Systems and names of staff that no longer work for the Trust, and are applying Sections and 31(1)(a) and 40(2) respectively, please see below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [*NHS England — London » Synnovis Ransomware Cyber-Attack*](#)
- [*NHS England confirm patient data stolen in cyber attack - BBC News*](#)
- [*Merseyside: Three more hospitals hit by cyber attack - BBC News*](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our

systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term “public interest” does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](https://www.gov.uk/guidance/the-network-and-information-systems-regulations-2018-guide-for-the-health-sector-in-england)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust’s IT systems and infrastructure. The Trust’s capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law

enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

Please note that we do not have any training materials that cover surgical skin markers.

5. **Information on whether any additional or alternative marker colours (beyond standard ones) are available within the organisation (e.g., for use in clinical areas or patient groups where standard markings may be less visible).**

Please see the attached document 'FOI 26-120 - Q's 1, 2 and 5', for a list of all skin markers that are available for ESHT to purchase and note that there are no restrictions on which skin markers that the ESHT purchase.

6. **Anonymised, aggregated incident reports, risk assessments, or patient safety reports (1 January 2019 to present) where visibility of skin markings was identified as a contributory factor. (No patient-identifiable information is requested.)**

There were no incidents where visibility of skin markers was a contributory factor.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

MPC	Description	Brand	Requisition point name	use						
				Pre-operative site marking in theatres	central venous access	chest drains	skin demarcation	intra op marking	other	other
2710	Surgical Skin Marker Pen Sterile with Ruler	ChloraPrep	CONQUEST OUT PATIENTS DEPT	Yes						
2710	Surgical Skin Marker Pen Sterile with Ruler	ChloraPrep	DERMATOLOGY AREA E	Yes					PDT	Patch Testing
2710	Surgical Skin Marker Pen Sterile with Ruler	ChloraPrep	OUTPATIENTS DEPT DGH	No longer in use						
2710	Surgical Skin Marker Pen Sterile with Ruler	ChloraPrep	THEATRE SPH	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	BENSON TRAUMA WARD CONQ	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	CONQUEST THEATRE STORES	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	COOKSON ATTENB'GH SHORT STAY	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	COOKSON DEVAS ELECTIVE	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	EGERTON TRAUMA	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	GARDNER WARD	Yes						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	OUTPATIENTS DEPT DGH	No longer in use						
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep	RICHARD TICEHURST (SAU)	Yes						
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact	CONQUEST DENTAL UNIT	Yes						
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact	CONQUEST RADIOLOGY DEPT	No longer in use						
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact	DAY THEATRES DGH					Yes		
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact	OUT-PATIENTS SPH							We use these markers in OPD for minor operations... mostly mole removals. But other lumps are also removed.
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact	SSC MAIN STORES					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	BEXHILL THEATRE OPHTHALMOLOGY					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	CONQ EYE CLINIC OPD TEMP BEXH							Used for marking eye patients is doing minor procedures, injections, lasers etc
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	CONQUEST DENTAL UNIT	Yes						
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	CONQUEST THEATRE STORES					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	DAY THEATRES DGH					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	JUBILEE THEATRE 3 OPHTHALMICS					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	PROSTHESIS SC	No longer in use						
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	RICHARD TICEHURST (SAU)	Yes						
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	SSC MAIN STORES					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	THEATRE SPH					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	THEATRES DGH					Yes		
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact	THEATRES ENT					Yes		
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	CONQUEST ACUTE ASSESSMENT UNIT							AAU, AMU, SDECs only use markers for marking cellulitis.
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	CONQUEST OUT PATIENTS DEPT	Yes						
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	CONQUEST THEATRE STORES					Yes		
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	DAY THEATRES DGH					Yes		
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	DERMATOLOGY AREA E	No longer in use						
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	ENDOSCOPY DGH	Yes				Yes		
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	ENT DEPT DGH	Yes						
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	FRISTON SURGICAL WARD	Yes						

MPC	Description	Brand	Requisition point name	Pre-operative site marking in theatres	central venous access	chest drains	skin demarcation	intra op marking	other	other	
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	ICU DEPT DGH							Used for marking line insertion where required in critical care	
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	ORAL SURGERY DGH					Yes			
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	RADIOLOGY INTERVENT DISP	No longer in use							
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	SAME DAY EMERGENCY CARE CONQST							AAU, AMU, SDECs only use markers for	
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	SSC MAIN STORES					Yes			
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	SSC UROLOGY					Yes			
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	THEATRES DGH					Yes			
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	UROLOGY INVEST.SUITE							Used for minor procedures.	
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact	X RAY DEPT DGH							Used in CT at EDGH for guidance	
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	C.C.U. EDGH							On chest – for marking of position prior to Internal Loop Recorders (ILR) insertion, or subcutaneous permanent pacemakers (PPM)/devices	
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	CATHETERISATION LABORATORY DGH								
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	CONQUEST THEATRE STORES					Yes			
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	CONQUEST THEATRES ANAESTHETICS					Yes			
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	DAY THEATRES DGH					Yes			
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	SSC MAIN STORES					Yes			
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	THEATRE SPH					Yes			
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact	THEATRES DGH					Yes			
SMPRT-NR	Surgical Skin Marker Pen Regular Tip No Ruler	Valley Northern	COOKSON ATTENB'GH SHORT STAY	Yes							

MPC	Description	Brand
2710	Surgical Skin Marker Pen Sterile with Ruler	ChloraPrep
2710NS	Surgical Skin Marker Pen Non-Sterile with Ruler	ChloraPrep
ASMPFT-R	Surgical Skin Marker Pen Fine tip with ruler and 6 up labels sterile gentian violet	Valley Northern
BPNSSMP-RT	Surgical Skin Marker Pen Prep-Resist Sk Mark - Reg Tip - Non-sterile - 1000	Valley Northern
BPSMPFT-R	Surgical Skin Marker Pen Fine Tip With Ruler And 6-Up Labels - Sterile	Valley Northern
BPSMPMI	Surgical Skin Marker Pen Multi Ink Dual Tip	Valley Northern
BPSMPRT-NR	Surgical Skin Marker Pen Dark Blue Non-Sterile	Valley Northern
BPSMPRT-R	Surgical Skin Marker Pen Regular Tip With Ruler & 6-Up Labels	Valley Northern
BPSMPRT-RAL	Surgical Skin Marker Pen Modern Reg Tip With Ruler & 6-Up Labels - Ste	Valley Northern
BPSMPRT-R	Surgical Skin Marker Pen Modern Taper Tip - Ruler - And 6-Up Labels	Valley Northern
BPSSMP-MINI	Surgical Skin Marker Pen Mini Prep Resistant - Sterile - 500	Valley Northern
BPSSMP-RT	Surgical Skin Marker Pen Prep-Resist Sk Mark - Reg Tip - Sterile - 1000	Valley Northern
DLM0008-1	Surgical Skin Marker Pen Fine tip with ruler Violet Ink	Dilex
DLM0008-2	Surgical Skin Marker Pen Regular tip with ruler Violet Ink	Dilex
DLM0008-3	Surgical Skin Marker Pen Dual tip with ruler Violet Ink	Dilex
NSSMP-MS	Surgical Skin Marker Pen Bullet point tip which allows for thin or broad line marking with printed measuring scale	Valley Northern
NSSMP-RT	Surgical Skin Marker Pen Prep-Resist Sk Mark - Reg Tip - Non-sterile - 100	Valley Northern
SM01	Surgical Skin Marker Pen Dark Blue - Regular Tip with Ruler - ST - NON RETURNABLE	Medline
SM03	Surgical Skin Marker Pen Dark Blue - Fine Tip with Ruler - ST - NON RETURNABLE	Medline
SM0372	Marker skin pen with ruler violet Fine tip dual facility skin marker sterile	Skintact
SM0472	Marker skin pen with ruler violet Super fine tip skin marker sterile	Skintact
SM0572	Marker skin pen with ruler violet Regular tip skin marker sterile	Skintact
SM0672	Marker skin pen with ruler violet EXtra broad tip skin marker sterile	Skintact
SM0772W	Surgical Skin Marker Pen Fine tip with ruler White ink	Easi Mark
SMD02	Surgical Skin Marker Pen Dual tip with ruler Violet Ink	Medline
SMPFT-NR	Surgical Skin Marker Pen Fine Tip No Ruler Non Returnable	Valley Northern
SMPFT-R	Surgical Skin Marker Pen Fine Tip With Ruler Non Returnable	Valley Northern
SMPMI	Surgical Skin Marker Pen Multi Ink Non Sterile Dual Tip Non Returnable	Valley Northern
SMPRT-NR	Surgical Skin Marker Pen Regular Tip No Ruler	Valley Northern
SMPRT-R	Surgical Skin Marker Pen Regular Tip with Ruler - Non-Returnable	Valley Northern
SMPRT-RAL	Surgical Skin Marker Pen Regular Tip With Ruler and Labels	Valley Northern

MPC	Description	Brand
SMPTT-R	Surgical Skin Marker Pen Taper Tip With Ruler	Valley Northern
SSMP-MINI	Surgical Skin Marker Pen Mini Prep Resistant - 50	Valley Northern
SSMP-MS	Surgical Skin Marker Pen Bullet point tip which allows for thin or broad line marking with printed measuring scale	Valley Northern
SSMP-RT	Surgical Skin Marker Pen Prep-Resist Sk Mark - Reg Tip - Sterile - 100	Valley Northern
TF01	Surgical Skin Marker Pen Fine Tip with Ruler Violet Sterile	Ezy-Aid
TF02	Surgical Skin Marker Pen Extra Fine Tip with Ruler Violet Sterile	Ezy-Aid
TR03	Surgical Skin Marker Pen Regular Tip with Ruler Violet Sterile	Ezy-Aid
TS01	Surgical Skin Marker Pen Broad Tip with Ruler Violet Sterile	Ezy-Aid
UN65-B	Surgical Skin Marker Pen Regular Tip With Ruler	Dermark
VBPSMPRT-R	Surgical Skin Marker Pen Regular tip w/ruler and 6 up labels gentian violet Ink	Valley Northern
VSMPTT-R	Surgical Skin Marker Pen Fine tip with ruler and 6 up labels sterile gentian violet	Valley Northern

Pre-operative Marking Correct Site Surgery Policy and Procedures

Document ID Number	1826
Version:	V3
Ratified by:	Clinical Documentation and Policy Ratification Group
Date ratified:	13 February 2024
Name of author and title:	██████████ – Theatre Practice Education Lead
Date originally written:	April 2018
Date current version was completed	November 2023
Name of responsible committee/individual:	DAS Clinical Governance Group
Division/Speciality:	DAS / Theatres
Date issued:	26 February 2026
Review date:	February 2027
Target audience:	All staff working in any operative setting to include surgeons, anaesthetist, Operating Department Practitioners, registered and non-registered nurses.
Compliance with CQC Fundamental Standard	Safety Good Governance
Compliance with any other external requirements (e.g. Information Governance)	The Association for Perioperative Practitioners (2022)
Associated Documents:	National Safety Standards for Invasive Procedures (NatSSIPs) Policy for 5 Steps to Safer Surgical Interventions (Incorporating World Health Organisation Safety Checklist (WHO) & National Safety Standards for Invasive Procedures (NatSSIPS)) Good Surgical Practice — Royal College of Surgeons (rcseng.ac.uk)

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version.

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0	April 2018	[REDACTED]	New document	New document
V2.0	28/01/2019	Tim Leakey DAS Divisional Governance Manager	Completion of Policy	Completion of Policy
V2.1	06 July 2022	Tim Leakey	Extension to review date to allow time to review	Extended review date from March 2022 to January 2023
V3.0	December 2023	[REDACTED]	Three yearly review	Updated format Updated references and hyperlinks Adjustment to wording to make concise

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
DAS Clinical Governance	DAS Management	10/11/2023
	Matrons Eastbourne Hospital Theatres	10/11/2013
	Matrons Conquest Hospital Theatres	10/11/2023
[REDACTED]	Deputy Lead Uckfield Hospital	10/11/2023
[REDACTED]	Manager Bexhill Hospital	10/11/2023
[REDACTED]	Practice Education Lead	10/11/2023

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

1. Introduction.....	4
1.1 Planning and Implementation.....	4
2. Circumstances where marking may not be appropriate	4
2.1 Patient Refusal of pre-operative skin marking	4
2.2 Marking to promote correct site surgery	5
2.3 Standard pre-operative marking using a marking pen	5
3. Marking using other techniques in specialist departments such as Radiology.....	5
4. Surgical Safety Checklist	5
5. Risk Management	5
6. Pre-Operative Marking (Procedure 1, Appendix 1)	6
6.1 How to mark.....	6
6.2 Where to mark.....	6
6.3 Who marks?.....	7
6.4 With whom	7
7. Time and Place.....	7
8. Verify.....	7
9. Organisational responsibilities.....	8
10. Measuring performance	8
11. Monitoring Compliance with the Document.....	9
12. References	10
Appendix A: EIA Form	11

1. Introduction

The aim of this policy is to prevent human error occurring and wrong site surgery being undertaken, which is a “Never Event”, by the routine following this rigid guidance. The team collectively will follow set practices to ensure the right side or place is operated on every time by ensuring all safety checks are undertaken as outlined in this policy.

In September 2015, further updated in 2023, The National Safety Standards for Invasive Procedures published by NHS England set out standards of key steps necessary to deliver safe care for patients undergoing invasive procedures which included steps for procedural verification of site marking. The Trust policy has been produced and updated to ensure that local standards are compliant with these national standards.

This Policy includes recommendations made by WHO 2009, NATSSIPs 2023 and ESHT valued-based behaviours. It applies to all clinical staff employed by East Sussex Healthcare NHS Trust either temporarily or permanently who are responsible for surgical site marking or checking of this in providing compassionate care to our patients and their families.

1.1 Planning and Implementation

Surgical site marking is mandatory for all procedures for which it is possible (NATSSIPs 2023)

Non operative side must **NEVER** be marked – even with statements such as not on this side (NATSSIPs 2023)

2. 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 or the operating area that the surgery is to be performed

2.1 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 registered healthcare professional, usually the surgeon performing the operation.

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 registered 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.

A clear and accurate entry must be made in the patient’s clinical records if the surgical site is not marked prior to surgery commencing.

2.2 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 ESHT [Policy for Identification of Patients](#)

2.3 Standard pre-operative marking using a marking pen

The patient should be informed of, and agree of 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 registered practitioner to confirm that the patient has showered prior to attendance and if not provide an opportunity for the patient to do so at the earliest opportunity.

The pre-operative marking must be documented as cited on the WHO Surgical Safety Checklist and in the patients care pathway notes.

Pre-operative marking for patients who are due major bowel surgery are usually seen in the Bowel Screening Assessment Clinic, prior to admission where pre-operative marking is applied to the skin area.

3. 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. Surgical Safety Checklist

The WHO Surgical Safety Checklist completion is mandatory for each patient undergoing a surgical procedure in the Trust. The checklist is pre- printed on white paper with a green border

A new checklist must be fixed to the patient's clinical records and a separate checklist should be completed for each new surgical procedure. All checklists must be filed in the appropriate section of the patient's clinical records together with the operation records. Electronic records () are now available and can be checked using the iPads provided in theatres and other clinical areas.

5. Risk Management

- If failure of any pre-operative check occurs the 'Surgeon/Operating Registered Practitioner in Charge' should be informed immediately. They 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/pre-operative area or surgical admission lounge for the procedure to be rescheduled will be made. It is the 'Surgeon Operating Registered Practitioner 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/NMC/HPC standards, guidance, and patient consent.
- A discussion with the registered practitioner in charge of the main theatre suite or other appropriate operating area and, if necessary, the Trust legal team will be

required. A patient safety incident report (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/pre-operative area, a patient safety incident report () must be completed in line with local governance procedures even if the operation did not take place.
- A senior member of the Medical staff should offer an explanation and apology to the patient and carer as part of the Trust's commitment to Duty of Candour or the Senior Registered Practitioner in a Practitioner led area/surgical procedure list
- If surgery is carried out on the incorrect site or incorrect patient verbal escalation of the incident to clinical risk management and senior line management is required immediately. In addition a incident form must be completed and investigation initiated as per ESHT [Incident Reporting and Management Policy](#).
- Action plans resulting from the review must be implemented within the agreed time-scales and will be monitored by ESHT Serious Incident Reporting Group or the Trust Patient Safety Team as well as the Divisional Governance Team.

6. 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 ultrasound or guide wire. It is not necessary to carry out any further marking prior to theatre. The registered practitioner carrying out the procedure will document in the patients' medical records.

b) Indelible marker pen An indelible marker pen should be used, and allowed to dry for minimum of 30 seconds. 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. Pre-operative preparation of skin will be used to disinfect the skin and this should not remove the skin marking. It is also desirable that the mark should also remain visible after the application of theatre drapes.

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 2023)
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 mark checked (NATSSIPs 2023)

6.3 Who marks?

Marking should be undertaken by the operating surgeon/registered surgical practitioner performing the surgery, or nominated deputy (see note below) who will be present in the operating theatre at the time of the patient's procedure. (NATSSIPs 2023) The Consultant remains responsible in law for the management of the patient's total care and treatment (Good Surgical Practice (2023) The Royal College of Surgeons of England).

Competence and training

Training of all surgeons and junior doctors must be carried out at their induction covering the WHO Checklist and the guidelines for surgical site marking. The training will be supervised/responsibility of the clinical teams providing induction for new members of their surgical teams.

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. Time and Place

The procedural site must be marked shortly before the procedure but not in the anaesthetic or procedure room (NATSSIPs 2023)

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

8. Verify

The surgical site mark should be checked with the patient at the first 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 Checking should occur at each transfer of the patient's care;

- prior to leaving the ward
- In the anaesthetic room The '**SIGN IN**' must be undertaken **before induction on anaesthesia** and carried out by the registered practitioner and anaesthetist as per checklist.
- The '**TIME OUT**' must be undertaken and carried out by **all** of the team members (circulator, registered practitioner, 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, registered practitioner, anaesthetist, and surgeon **before team members leave the operating theatre**, confirming that the procedure has been performed on the correct site and side (NATSSIPs 2023)
- 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 2023)

9. Organisational responsibilities

The responsibility for pre-operative correct site surgery marking will be the operating surgeon registered surgical practitioner performing the surgery or designated deputy, who will be present in the theatre/operating area where the surgery is to be carried out at the time of the Patient's procedure.

Clinical Leads

Clinical Directors in each specialty have responsibility for ensuring their surgeons mark patients' accordingly and carry out the instructions within this policy.

Operating Surgeon/ registered surgical practitioner performing the surgery (or deputy)

It is the responsibility of the operating surgeon registered surgical practitioner performing the surgery or deputy to mark the operative site in accordance with this policy

Anaesthetist

The anaesthetist is formally responsible for the **"Sign In" section of the WHO checklist** it is one of their duties to ensure the marking and consent are correct

Anaesthetists are responsible for checking the site of any proposed local/regional block using the surgical mark and the **"Stop before you block"** process. (Royal College of Anaesthetists 2023)

Where an Anaesthetist is not required then it is the responsibility of the **Operating Surgeon/** registered surgical practitioner performing the surgery (or deputy)

The Operating Theatre Team

The operating team that carries out the WHO Checklist has joint responsibility for ensuring that the correct site has been identified prior to commencement of surgery

10. Measuring performance

- **Review** – every 3 years at Divisional Clinical Governance meetings
- **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.

11. Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Review of incident reports relating to skin marking	Matron/Lead	Incident report	Monthly	Divisional Risk Meeting	Head of the Surgical Area/Head of Nursing/Governance Lead	Divisional Governance Group

12. References

- Good Surgical Practice (2023)
[Available at]
[Good Surgical Practice — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/good-surgical-practice)
The Royal College of Surgeons of England
[Accessed 24/10/23]
- NATSIPPS 2023
[Available at]
[NHS England » National safety standards for invasive procedures \(NatSSIPS\)](https://www.nhs.uk/england/natsipps)

[Accessed 24/10/2023]

Royal College of Anaesthetists, 2023. “*Stop Before You Block*”,
[SALG and RA-UK publish national ‘Prep, Stop, Block’ protocol | The Royal College of Anaesthetists \(rcoa.ac.uk\)](https://www.rcoa.ac.uk/news/salg-and-ra-uk-publish-national-prep-stop-block-protocol)
[Accessed 30/10/2023]

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Pre-operative Marking Correct Site Surgery Policy and Procedures
Date of completion	05.01.2024
Name of the person(s) completing this form	██████████
Brief description of the aims of the Strategy/ Policy/ Service	To ensure
Which Department owns the strategy/ policy/ function	Theatres
Version number	3
Pre Equality analysis considerations	None required
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	All staff working in the perioperative and clinical areas as well as patients undergoing procedures within ESHT.
Review date	Click here to enter text.
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

	☺ ☹ ☹	Evidence:																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	Positive	This policy is to be followed to prevent wrong site or side surgery.																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Gender	Sexual orientation	Age	Disability & carers																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>	Positive	This policy is effective on safeguarding patients from wrong site surgery regardless of any background.																				

<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Gender	Sexual orientation	Age	Disability & carers																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>What impact will this have on people receiving a positive experience of care?</p>	<p>Positive</p>	<p>Procedures will be in place to safeguard patients to have a positive outcome from their care.</p>																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Gender	Sexual orientation	Age	Disability & carers																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Does the proposal impact on the responsiveness to people's needs?</p>	<p>Positive</p>	<p>This policy is in place to support the safe delivery of care to all patients receiving surgical or procedural intervention.</p>																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race	Gender	Sexual orientation	Age	Disability & carers																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</p>	<p>Positive</p>	<p>This policy applies to all regardless of background. All staff are expected to have a good understanding of this policy and to follow the guidance provided.</p>																				

<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	Gender	Sexual orientation	Age	Disability & carers																	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Access Could the proposal impact positively or negatively on any of the following:</p>																						
<ul style="list-style-type: none"> • Patient Choice 	Positive	Patients will have made an agreement via a consent and this policy will support the safe delivery of the agreement made.																				
<ul style="list-style-type: none"> • Access 	Neutral																					
<ul style="list-style-type: none"> • Integration 	Neutral																					
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	Gender	Sexual orientation	Age	Disability & carers																	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:</p>	Positive	All areas where this policy will be utilised have had the opportunity to view and comment on the comment of this policy.																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Race	Gender	Sexual orientation	Age	Disability & carers																	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	Neutral	
Characteristic	Rating 😊 😐 😞	Description
Race	Neutral	
Age	Neutral	
Disability and Carers	Neutral	
Religion or belief	Neutral	
Sex	Neutral	
Sexual orientation	Neutral	
Gender re-assignment	Neutral	
Pregnancy and maternity	Neutral	
Marriage and civil partnership	Neutral	
Human Rights Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998		
Articles		Y/N
A2	Right to life	No
A3	Prohibition of torture, inhuman or degrading treatment	No
A4	Prohibition of slavery and forced labour	No
A5	Right to liberty and security	No
A6 &7	Rights to a fair trial; and no punishment without law	No
A8	Right to respect for private and family life, home and correspondence	No
A9	Freedom of thought, conscience and religion	No
A10	Freedom of expression	No
A11	Freedom of assembly and association	No
A12	Right to marry and found a family	No
Protocols		
P1.A1	Protection of property	No
P1.A2	Right to education	No
P1.A3	Right to free elections	No