

Equality Impact Assessment Register 20.2.2012 - 21.6.2013.

						EIA Results Overview				
Policy No. (if applicable)	Name of policy	Aim of policy	Accountable Director	Responsible person/people	Date of Initial Screening	Communication	Monitoring	Processes	Key actions planned	Timescale
CP01	<b>Clinical Practice – The Formulation, Ratification and Circulation of Procedures Protocols and Guidelines for Nursing and Allied Health Professionals</b>	To outline the processes for the formulation, ratification and circulation of clinical procedures, protocols and guidelines for nursing and allied health professionals for non Royal Marsden clinical practices.  To protect the patient and staff from harm by reducing the clinical risks associated with any of the procedures and giving staff clear guidance in their day to day practice	Chief Nurse	Head of Nursing and Midwifery Education Development	8.8.2012	No available 24 hours per day, seven days per week via Trust intranet				
CP11	<b>Resuscitation Policy</b>	To provide direction and guidance for the planning and implementation of a high quality and robust resuscitation service to the organisation.	Chief Nurse	Joint Head of Clinical Skills and Resuscitation services	15.2.2013	Training is adapted if necessary to meet individual requirements. Training: 1 to 1 or group. Various times/dates throughout the year. Policy available in alternative formats e.g., larger print.			Bespoke staff training provided to meet individual needs if required.  Alternative formats of policy provided when required.	Ongoing
CP46	<b>Policy and Procedure for the Use of Bed Rails</b>	To ensure the safe use and consistent use of bed rails in the clinical setting.	Chief Nurse	Deputy Chief Nurse	28.5.2012					
CP48	<b>Supervision of all non-consultant medical staff</b>	Set guidelines for non-consultant medical supervision.	Medical Director	Clinical Tutor	30.4.2012	There are no barriers which would inhibit access to the benefits of the policy. Any requirements would follow Trust Policy under reasonable adjustment – for disabled people.	Appraisal status is monitored monthly through Training Database.			

<b>CP51</b>	<b>Point of Care Testing Policy (POCT)</b>	Describes how point of care testing must be performed within the Trust and the role of the point of care testing committee in establishing and running point of care testing.	Medical Director	Point of Care Committee Chair	14.9.2012	People with a visual impairment may experience difficulties accessing the policy on the Trust intranet. To address this, the policy will be made available in large print on request to the POCT manager. Key aspects of the policy are discussed at staff training.	This policy is applicable to all staff performing POCT and all patients having POCT at the Trust regardless of Personal Protected Characteristics (PPC).	This policy is applicable to all staff performing POCT and all patients having POCT at the Trust regardless of Personal Protected Characteristics.	This policy is applicable to all staff performing POCT and all patients having POCT at the Trust regardless of Personal Protected Characteristics.	Not applicable.
<b>CP57</b>	<b>Policy for the Prescription and Administration of Emergency Oxygen in Adults</b>	<ul style="list-style-type: none"> <li>• All patients who require supplementary oxygen therapy receive therapy that is appropriate to their clinical condition and in line with national guidance [BTS Guideline; Thorax, 2008].</li> <li>• Oxygen will be prescribed according to a target saturation range. The system of prescribing target saturation aims to achieve a specified outcome, rather than specifying the oxygen delivery method alone.</li> <li>• Those who administer oxygen therapy will monitor the patient and keep within the target saturation range.</li> </ul>	Director Of Estates	Respiratory Consultant	23.8.2012	Oxygen is administered according to clinical need. Refusal of treatment is extremely rare. Monitoring undertaken of all incidents related to oxygen therapy and have never come across maladministration of oxygen to a patient because of equality issues including language barriers. If such an incident occurred interpreting / translation services would be sought urgently.				
<b>CP100</b>	<b>The Use of Safety Checklists</b>	The use of safety checklists is advocated where ever an interventional procedure takes place to reduce the risk of never events from occurring.	Chief Nurse	Deputy Chief Nurse	19.6.2013					
<b>HR01</b>	<b>Leave Policy</b>	The aim of this policy amendment is to clarify the relationship between annual leave and sickness absence	Director of Human Resources	Assistant HR Manager	18.12.2012	People with a visual impairment may experience difficulties accessing the policy on the Trust intranet. To address this, the policy will be made available in large print on request.	Analysis of workforce data.			

<b>HR06</b>	<b>Grievance Policy</b>	To ensure that all employees who have a concern or grievance relating to their employment such as their role, working environment, health and safety, terms and conditions of service or working relationships are able to raise their grievance, have it properly considered and resolved in an objective, impartial, consistent, sensitive and prompt manner. To ensure whenever possible that grievances are dealt with informally.	Director of Human Resources	Divisional HR Manager	13.03.2013	Policy is available centrally, is communicated via established methods. Anyone wishing to access the policy that has a visual impairment will be able to access the document in larger print where necessary.	The policy applies to all employees and there is no adverse impact on any employees regardless of any PPC. Cases dealt with under this policy will be monitored and recorded by the HR Department.	Policy does not exclude any PPCs. It applies to all employees of the Trust in an equal way, regardless of any PPC. Refer to policy for evidence.		
<b>HR11</b>	<b>Protection of Pay and Conditions of Service Policy</b>	The Trust recognises its commitment to employees required to change their terms and conditions of service. When an employee is disadvantaged as a result of organisational change they will be protected for a period of time which enables them to realign their financial commitments. HR 11 details the protection entitlements of staff in respect of basic pay and other earnings.	Director of Human Resources	Divisional HR Manager	17.6.2013	Policy is available centrally, is communicated via established methods. Anyone wishing to access the policy that has a visual impairment will be able to access the document in larger print where necessary.	Cases dealt with under this policy will be monitored and recorded by the HR Department.	Policy does not exclude any PPCs. It applies to all employees of the Trust (excluding medical and dental staff) in an equal way, regardless of any PPC.		
<b>HR13</b>	<b>Management of Sickness Absence Policy</b>	To support employees in ensuring full attendance at work, and to manage absence in a fair way consistent with employment legislation and best practice.	Director of Human Resources	Human Resources Sub Group	28.9.2012	The policy is accessible via the Trust Intranet or a copy can be requested from the line managers. Copies can also be requested from HR. Anyone wishing to access the policy that has a visual impairment will be able to access the document in larger print where necessary.	Policy applies to all employees of the Trust in an equal way, regardless of any PPC.			
<b>HR14</b>	<b>Work Experience Policy</b>	The aim of this policy is to detail the arrangements for schools/colleges/Unemployed scheme/Wolverhampton Graduate Internship programme work experiences within the organisation and the associated procedures for the application of the policy.	Director of Human Resources	Policy Development group	14.9.2012	Policy available in alternative formats for those who wish to read it in a larger font size			Monitor the amount of alternative formats requested	

HR20	<b>Maintaining Professional Registration Policy</b>	To ensure that there are adequate and reliable procedures in place so that all professionally qualified practitioners within the Trust's employment are appropriately qualified, registered and more importantly have not been removed or cautioned by their professional registration body for professional misconduct.	Director of Human Resources	HR Manager - Resourcing	11.2.2013		PPC's monitored and audited.			
HR25	<b>Expenses</b>	The aim of this policy is to detail the arrangements for schools/colleges/Unemployed scheme/Wolverhampton Graduate Internship programme work experiences within the organisation and the associated procedures for the application of the policy.	Director of Finance	Policy Development group	18.9.2012	Policy available in alternative formats for those who wish to read it in a larger font size	Monitor the number of requests for alternative formats of the policy.	Whilst sections such as "Positive Action" target specific PPCs, this is proportionate to the aim of the policy.		
HR26	<b>Employment Checks Policy</b>	Sets out the employment checks to be completed by applicants who have been offered a position with the Trust.	Director of Human Resources	HR Manager - Resourcing	11.2.2013		Monitoring and Audit.			
HR27	<b>Consultant Medical Staff Study and Professional Leave Policy</b>	The aim of this policy is to provide advice to Consultants maintaining their education and professional development. The policy sets out the key principles for the management of study leave for Consultant medical staff.	Director of Human Resources	Divisional HR Manager	1.8.2012	People with a visual impairment may experience difficulties accessing the policy on the Trust intranet. To address this, the policy will be made available in large print on request.	Staff who are dissatisfied with the application of this policy would be directed to the grievance, Bullying and Harassment or whistle blowing policies to raise their concerns. Analysis of workforce data.			
HR28	<b>Supporting Doctors to provide safer healthcare</b>	To ensure organisational change is managed effectively and in accordance with relevant employment legislation.	Director of Human Resources	Deputy Director of Human Resources	Jul-12	Policy is available on the intranet and large print would be available on request. In addition staff impacted by the policy are seen in individual settings to enable the process to be explained verbally as well as the written document available on the intranet.	Annual monitoring of people managed under the policy.		Annual monitoring of people managed under the policy to ensure no indirect impact for most PPC's.	

HS03	<b>Sharps Safety Policy (Including Splash Injury and Post Exposure Prophylaxis PEP)</b>	To inform staff with regard to sharps safety and if sustaining a sharps incident of the appropriate action to take in order to reduce the potential ill effects to their health.	Director of Nursing and Midwifery	Nursing Services Manager, Occupational Health and Wellbeing	Apr-13	Policy is available on the intranet and staff are directed to this at Trust induction and events such as annual sharps awareness.	Quarterly monitoring via IPCC (Infection Prevention and Control Committee) and Health and Safety Steering Group.	Implementation of this policy should not have any adverse impact on staff, patients or visitors.	Leaflets detailing processes available to both the member of staff and patient involved in sharps incident. To provide alternative formats available if required.	Completed
HS12	<b>Decontamination</b>	To have systems in place to apply evidence based protocols and to comply with relevant provisions of the basic code to minimise the risk of HCAI to patients, staff and visitors.	Director of Infection Prevention and Control Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Jan-13					
HS26	<b>Fire Safety</b>	Fire Safety Compliance and Protocols to ensure staff remain safe from fire.	Chief Operating Officer	Fire Safety Manager	19.2.2013	Larger print versions can be made available. There may be an issue regarding different languages, however the policy requires that; suitable management functions are provided to ensure the evacuation of all, safely.		Attachment 3 Template helps assessors identify staff that may require additional support to evacuate. It provides specific information related to disabled evacuation. It also provides support and guidance for managers. Templates provided in attachment 1 and 2.	Disability evacuation : Raise Awareness through relevant Committees, Trust Bulletins and Senior Managers Briefings.	
HS32	<b>Smoke Free Poicy</b>	Protect staff, patients, visitors and anyone using our site from the effects of smoke	Chief Nursing Officer	Health Safety & Improvement Coordinator (HSIC)	4.1.2013					
IP03	<b>Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms</b>	This policy sets out the training requirements, staff responsibilities, preventative strategies and management of patients in order to prevent and control the spread of antibiotic resistant organisms. Attachments provide specific protocols and guidelines for practice.	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Jan-13	Alternative formats available on request for leaflets and training.  Use of hearing loop.	Monitor via bi-annual audit conducted by the Infection Prevention Team.			

IP04	<b>Transportation of Clean and Contaminated Instruments, Equipment and Specimens Policy</b>	The aim of this policy is to provide staff with the relevant information to ensure safe and effective transportation of clean and contaminated instruments, transportation of specimens and contaminated re-usable patient equipment. If applied in practice, it should reduce the risk of cross infection and protect staff, patients and the public from exposure to organisms which could potentially cause harm.	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Oct-12			Implementation of this policy should not have any adverse impact on staff, patients or visitors.		
IP07	<b>Viral Haemorrhagic Fever Policy</b>	<p>This policy is a summary of National Guidance designed to provide a practical document to equip healthcare professionals at The Royal Wolverhampton Trust with the necessary information on the prevention, control and management of Viral Haemorrhagic Fever infection as per latest national and local guidance.</p> <p>This policy sets out staff responsibilities, preventative and control strategies and effective management of suspected patients in order to assess, prevent and control the spread of Viral Haemorrhagic Fever. Attachments and links to detailed full DH guidance: Management Hazard Group 4 – Viral Haemorrhagic fevers and similar human infectious diseases of high consequence (DH 2012) full document on Trust intranet.</p>	<p>Director of Infection Prevention and Control</p> <p>Director of Nursing and Midwifery</p>	Lead Infection Prevention Nurse	26.10.2012					
IP11	<b>Infection prevention management of patients affected by common UK parasites</b>	The aim of this policy is to provide staff with the relevant information to support appropriate and effective management of patients affected by common UK parasites.	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Oct-12			Implementation of this policy should not have any adverse impact on staff, patients or visitors.		

<b>IP13</b>	<b>Outbreaks of Communicable Diseases /Infection Prevention Serious Incident Policy</b>	This policy sets out the training requirements, staff responsibilities, preventative strategies and management of patients in order to prevent and control the spread of outbreaks of infections. Attachments provide specific protocols and guidelines for practice.	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Jan-13		Bi-annual audit of service conducted by the Infection Prevention Team.			
<b>IP17</b>	<b>Prevention and Control of Tuberculosis (TB) in the Hospital Setting</b>	The purpose of this policy is to provide guidance on the appropriate prevention and control of Tuberculosis in the Hospital Setting	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Jan-13					
<b>IP19</b>	<b>Blood and Body Fluid Spillage Management</b>	The purpose of this policy is to provide guidance on the appropriate management of blood and body fluids spillage to minimise contamination of patients, staff and the hospital environment	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Lead Infection Prevention Nurse	Oct-12			Infection Prevention Team does not routinely have direct access to patients or visitors.		
<b>IP20</b>	<b>Urinary Catheter Policy</b>	The Royal Wolverhampton NHS Trust is committed to preventing avoidable harm to patients. Medical devices carry a risk of infection which can be minimised with appropriate use. This policy outlines the pathways and practices to ensure rational and safe use of urinary catheters.	Director of Infection Prevention and Control Director of Nursing and Midwifery	Lead Nurse Infection Prevention	26.10.2012			Implementation of this policy should not have any adverse impact on staff, patients or visitors.		
<b>MP03</b>	<b>Medicines Reconciliation</b>	To ensure that accurate medication histories are obtained.	Clinical Director of Pharmacy	Assistant Director of Pharmacy - Medicines Management	2.4.2012					
<b>OP18</b>	<b>Patients Property</b>	Process to follow to book patient transport.	Finance Director	Patients Services Manager	23.11.2012				Internal Audit carried out quarterly on all processes.	Nov-13
<b>OP29</b>	<b>Non Urgent Patient Transport</b>	Process to follow to book patient transport.	Chief Operating Officer	Patient Services Manager	14.9.2012		Patient satisfaction survey for some PPC's.		Patient satisfaction survey to be undertaken including some PPC's.	Sep-13

<b>OP39</b>	<b>Patient Access Policy</b>	To provide all Trust staff with robust protocols and procedures which support patient access management	Director of Finance and Information	Head of Patient Access	28.5.2012	Staff with visual impairment may request alternative format via Health Records Administration Manager. Alternatively resolution of electronic version may be increased.	Monitor requests for other formats.		To provide alternative formats on request.	As and when required.
<b>OP53</b>	<b>Missing Patients</b>	To provide a robust process should patients go missing when in hospital or community setting.	Chief Operating Officer	Safeguarding Adults Lead	20.5.2013		Some PPC's are monitored.			
<b>OP68</b>	<b>Volunteer Policy</b>	To outline processes in the recruitment and retention of volunteers within the Trust.	Chief Nursing Officer	Patient Experience Lead	17.9.2012	The policy may be inaccessible to people with a visual impairment while available on the Trust intranet. Upon request, copies can be produced in large print.				
<b>OP69</b>	<b>Overseas Visitors Policy</b>	Process to follow when an overseas visitor attends the Trust.	Medical Director/Chief Operating Officer	Patient Services Manager	14.9.2012		Information received from each completed OV1 form which is part of the policy.		Review of OV1 forms completed for each Overseas Visitor (age, disability, gender, race).	Sep-13
<b>OP71</b>	<b>Hospitality Policy</b>	To outline the Trust's hospitality provisions.	Chief Operating Officer	Head of Hotel Services	3.10.2012	Alternative formats of the Hospitality Menu and Hospitality Policy provided on an ongoing basis.	Disability and Religion monitored via the Hotel services Risk group.		Hospitality menu and policy - alternative formats produced.  Hospitality menu to include statement around dietary requirements.	Ongoing



OP101	<b>Children's Did Not Attend/ No Access Policy</b>	To ensure appropriate action, care and management of children following non-attendance at clinic or no access when visiting under Child safeguarding arrangements.	Medical Director	Matron for Children Services Community	19.2.2013	Policy covers all areas of working and is required for both community and acute sectors.	Cannot monitor specific ethnicity at present, audits planned to look at ensuring Policy is carried out.	Training via safeguarding yearly DNA (did not attend) sample to be audited every year by safeguarding team. Note : safeguarding team (where able) will record gender, age and ethnicity where recorded on PAS (patient access system) / IPM (information patient management) system.	First audit due February 2014.	Feb-14
N/A	<b>Heatwave Plan</b>	To provide a framework for the Trust to respond to a heatwave.	Director of Planning and Contracting	Head of Emergency Preparedness and Business Continuity	6.6.2012	The Trust will have available leaflets that can be downloaded from the national website and shared with healthcare workers. Braille leaflets available from DH.  Advice and information to be given in a culturally sensitive way.  Trust interpreting services available.				
N/A	<b>Major Incident Plan</b>	To provide a framework for the Trust to respond to a Major Incident & a Mass Casualty	Director of Planning and Contracting	Head of Emergency Preparedness and Continuity	Oct-12	Communication and information sharing will be undertaken as part of the interpreting and translating service. People with hearing difficulties have support available e.g., sign language interpreters, Text Relay service.	Trust's governance routes and the use of the tools of incident reporting (DATIX) and patient complaints.			
TBA	<b>Pleural Diseases Policy</b>	To support the provision of the highest standards of medical care for patients with pleural diseases within the hospital Trust.	Medical Director, Division 2	Respiratory Consultant, Division 2	30.8.2012			This policy is applicable to all patients at the Trust who are prescribed antibiotics regardless of Personal Protected Characteristics.		

N/A	<b>Information Governance Strategy</b>	To inform the Trust and document the work on going to implement the Information Governance agenda.	Medical Director and Caldicott Guardian	Information Governance Lead	25.6.2012	Strategy on intranet and format statement on strategy so staff can request alternative formats e.g., larger print.			Include format statement on strategy - this is included in Strategy template and has already been done at June 2012.  Make strategy available in alternative formats when requested.	June 2012 and ongoing
N/A	<b>Car Parking - Staff Charges</b>	Full Business Case to secure funding for physical works to introduce staff car parking charging from 1 October 2012	Chief Executive		10.9.2012				Review charges annually.  When requested, to provide reserved staff parking to meet the individual needs of Staff Blue Badge Holders.	1.4.2013  1.10.2013
	<b>Medical Appraisal Policy</b>	This policy document states The Royal Wolverhampton NHS Trust requirements and approach to appraisals to support Revalidation; to ensure that licensed doctors remain up to date and fit to practice. It is also to support all those involved with appraisals of medical staff.	Medical Director	Revalidation Steering Group	1.4.2012	Format statement in policy to enable staff to request in a different format.			Provide alternative formats on request	Completed
CP61	<b>Prevention and Management of the Deteriorating Patients</b>	To provide a coordinated approach to identifying deterioration in patients and actions that aim to reverse deterioration.	Chief Nurse	Deteriorating Patient Committee	5.2.2013					
2	<b>Diabetes Operational</b>	Outline of service for patient's with diabetes.			20.2.2012					
1	<b>Diabetes Operational</b>	Outline service availability.			20.2.2012					

	<b>Antimicrobial Policy</b>	This policy covers the appropriate choice, documentation and review of all antimicrobials used at The Royal Wolverhampton NHS Trust (the Trust) to ensure prudent antimicrobial prescribing. Prudent antimicrobial prescribing is a key component of an Antimicrobial Stewardship Programme to ensure safe, effective prescribing of all antimicrobials thus resulting in a reduction of healthcare associated infections, improvement in patient outcomes and a slowing of emergence of antimicrobial resistance.	Medical Director	Consultant Microbiologist and Chair of Antimicrobial Stewardship Committee	5.3.2013		None planned.	This policy is applicable to all patients at the Trust who are prescribed antibiotics regardless of Personal Protected Characteristics.		
	<b>Emergency Department New Build / Services</b>	To provide phase 1 of a new Emergency Centre which includes Emergency Department, Satellite Radiology, Clinical Decisions Unit, Paediatric Assessment Unit and other clinical support accommodation	Medical Director	Emergency Centre Project, Project Board Members	21.6.2013	Language barriers for people with little or no English and people with a hearing impairment could be an issue, however, staff should be undertaking mandatory training to ensure they are aware of services available e.g., interpretation and translation services, customer care training.	Some PPC's collected.	The emergency department is aimed to be accessible to anyone who needs to use the service/premises.	Ensure staff are up to date with mandatory training ensuring staff know where to access interpreting, translation, mental health and learning disability services / support. To provide reasonable adjustments where possible. To provide interpreter services (verbal) and translation (written) on request. To provide a specific gender of clinician where requested.	Ongoing