Equality Analysis Register for the Period 1.4.2017 – 31.3.2018

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director [itle]	Responsible person/dept/assessment carried out by [title]	Date of Screening
OP13	IG / GDPR policy	This Policy sets out the approach that The Royal Wolverhampton Trust (RWT) will take to provide a robust Information Governance framework to bring together all of the legal requirements, NHS standards and best practice that apply to the appropriate and effective use of information/ This policy sets out the legal framework for compliance with the GDPR and Data protection Act 2018/	Medical Director	IG Manager	29/03/2018
OP13	IG / GDPR policy	This Policy sets out the approach that The Royal Wolverhampton Trust (RWT) will take to provide a robust Information Governance framework to bring together all of the legal requirements, NHS standards and best practice that apply to the appropriate and effective use of information/ This policy sets out the legal framework for compliance with the GDPR and Data protection Act 2018/	Medical Director	IG Manager	29/03/2018
OP86	Medical Gas and Vacuum Systems Policy	To ensure safety for patients and staff when working with medical gases and vacuum systems/	Chief Operating Officer	Head of Estates	26/03/2018
CP 06	Consent Policy	To ensure consent is practised to the standard required by the courts and the GMC	Medical Director	Medical Director	23/03/2018
CP 06	Consent Policy	To ensure consent is practised to the standard required by the courts and the GMC	Medical Director	Consultant Surgeon	23/03/2018
HS01	Management of Health and Safety	The purpose of this policy is to ensure the Trust complies with the requirements of Health and Safety Legislation	Chief Nurse	Governance & Legal Services	01/03/2018
CP48	Supervision of all non-consultant medical staff	Guidelines for supervision of all non-consultant doctors	Clinical Tutor	Medical Education Manager	28/02/2018
CP48	Supervision of all non-consultant medical	Guidelines for supervision of all non-consultant doctors	Clinical Tutor	Medical Education Manager	28/02/2018

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director [title]	Responsible person/dept/assessment carried out by [title]	Date of Screening
	staff				
N/A	Prevent 2018	• To ensure Trust compliance with the Governments Counter Terrorism Strategy/ • To foster good relations with all sections of the community/	Chief Nurse	Specialist Nurse Learning Disabilities	20/02/2018
	ePMA Policy	The electronic Prescribing and Medicines Administration (ePMA) Policy outlines how the ePMA system will be used as a Trust wide system providing improved prescribing, clinical checking, supply and administration of medication in all in-patient areas/ The outcomes of the policy are: • The ePMA system is recognized as a replacement for the many paper treatment sheets currently in use across the Trust • There will be a single sources of prescriptions and administration data for in-patients • Improved patient safety through implementing a Decision Support System which provides warnings such as allergies, interaction, dose, and banned route warnings at the point of prescribing and administration • Integrated working between the ward and pharmacy including a more efficient clinical checks process and supply of medications/ This policy will guide implementation activities for the ePMA system/	Medical Director	ePMA Programme Manager	19/02/2018
HR30	Agenda for Change Policy	This policy sets out the Trust's commitment to AFC T&Cs and sets out local procedures for Job Evaluation and Pay Progression under the national framework of Agenda for Change	Director of Workforce	Human Resources Manager	16/02/2018

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director [title]	Responsible person/dept/assessment carried out by [title]	Date of Screening
MP05	Antimicrobial Policy	Ensure safe, effective prescribing of antimicrobials at RWT	Medical Director	Microbiology	07/02/2018
IP05	Linen Policy	The purpose of this policy is to provide guidance on the appropriate management of hospital linen and patient's own laundry to minimise contamination of patients, staff and the hospital environment	Director of Infection Prevention and Control Chief Nurse/Deputy Chief Executive	Nurse Manager – Infection Prevention and Continence Care Services	26/01/2018
IP04	Transportation of Clean and Contaminated Instruments, Equipment and Specimens	The purpose of this policy is to facilitate safe management when transporting specimens or contaminated patient instruments/equipment in order to reduce the risk of injury or cross infection to staff, patients, relatives and members of the public/	Director of Infection Prevention and Control Chief Nurse/Deputy Chief Executive	Nurse Manager – Infection Prevention and Continence Care Services	26/01/2018
IP06	Prevention, Control and Management of Clostridium difficile Policy	This policy will be implemented to reduce the risk of Clostridium difficile infection (CDI) using a health-economy approach, when a single case or period of increased incidence of CDI is confirmed or suspected or when an outbreak of CDI is suspected/ It contains attachments detailing specific management and preventative actions to take relating to CDI related deaths or clusters/ This policy is devised to comply with The Health and Social Care Act (2008, rev/ 2015) Code of Practice for health and adult social care on the prevention and control of infections and related guidance and Department of Health (2008) Guidance/	Director of Infection Prevention and Control Chief Nurse/Deputy Chief Executive	Nurse Manager – Infection Prevention and Continence Care Services	10/01/2018
CP50	Policy for the Management of risks associated with Pathology and Radiology clinical diagnostic and	This is an overarching policy and the expectation is that local procedures will include the minimum requirements set out in this policy/	Medical Director	Associate Pathology Manager	04/01/2018

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director [title]	Responsible person/dept/assessment carried out by [title]	Date of Screening
	screening tests/				
CP 57	Policy for the Prescription and Administration of Emergency Oxygen in Adults	Prescription and Administration of Emergency Oxygen in Adults	n/a	Respiratory Consultant	4/01/2018
CP 57	Policy for the Prescription and Administration of Emergency Oxygen in Adults	Prescription and Administration of Emergency Oxygen in Adults	n/a	Respiratory Consultant	4/01/2018
HR15	Dignity and Respect at Work Policy	This policy outlines the Trust's statement of intent with regards to dignity and respect at work/ The aim of this policy is to promote and encourage positive and supportive behaviour at work with a view to reducing the potential for conflict and complaints in relation to working relationships at work/	Director of Workforce	Human Resources Manager	27/11/2017
HR06	Dispute Resolution in the Workplace Policy	The purpose of this policy and its associated documents is to ensure that there is a systematic approach to achieving resolution of any disputes or conflict in the workplace as close as possible to their source/ The main objective is to preserve and maintain the employment relationship and to work in the spirit of resolution of issues within the workplace/	Director of Workforce	Human Resources Manager	27/11/2017
IP08	Infection Prevention Operational Policy	The aim of this policy is to identify the position of the infection prevention function within the organisational structure and outline the operational systems, processes and assurances that are in place to ensure that infection prevention and control is facilitated and communicated throughout the Trust	Director of Infection Prevention and Control Chief Nurse/Deputy Chief Executive	Nurse Manager – Infection Prevention and Continence Care Services	25/10/2017
CP63	Management of self-harm on hospital presentation of young	Guidance on the management of all children and young people up to the age of 18 presenting to RWT with self-harm	Chief Nurse	Consultant Paediatrician	18/10/2017

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director [title]	Responsible person/dept/assessment carried out by [title]	Date of Screening
	people up to 18th birthday				
ES01	E Roster Local Departmental Guideline Procedure	Guidance around departmental admin clerical leave	Group Manager	Administration Manager	17/10/2017
CP36	Chaperoning of Patients and Clients	This standard operating procedure outlines the procedure to be followed in the event of a clinician conducting an intimate examination of a patient or where either a clinician or a patient requests a chaperone/	Chief Nurse	Senior Matron – Children's Services	30/09/2017
	Primary Care Directorate Governance Strategy	To outline the governance assurance process for VI GP practices within the primary care directorate/	Integrated Programme Director	VI Project Manger	29/09/2017
	Social Media Policy	To support employees of the 0-19 service make appropriate decisions about the use of social media for corporate use/		Health Visiting Service Manager	26/09/2017
	Conflict of Interest Policy	Sets out requirements on all staff in respect of all aspects of conflicts of interest, required declarations and registers/	Chief Finance Officer	Trust Board Secretary	21/09/2017
CP51	Point of Care Testing Policy	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 POCT	Medical Director	Clinical Chemistry	15/08/2017
HR28	Supporting Doctors to Provide Safer Healthcare Policy and Procedure (nee Doctors Disciplinary Policy)/	The policy outlines the Trust's policy and procedure for handling concerns about doctors' and dentists' conduct and capability/ It implements the framework set out in 'Maintaining High Professional Standards in the Modern NHS', issued under the direction of the Secretary of State for Health on 11 February 2005/	Director of Workforce	HR Manager	31/07/2017
CP08	Policy Relating to The Administration of Systemic Anti- Cancer Therapy [SACT]	The purpose of this document is to set out the Royal Wolverhampton NHS Trust procedure and guidance for the safe prescribing, handling and administration of SACT	Lead Chemotherapy Consultant	Senior Sister	27/07/2017
HR11	Protection of pay and conditions of service	The Trust recognises its commitment to employees required to change their terms and conditions of	Director of HR and OD	Human Resources	14/07/2017

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	policy	service/ When an employee is disadvantaged as a result of organisational change they will be protected for a period of time/ This will allow them to re-align their financial commitments or to apply for alternative employment/			
HR17	Implementation of the Working Time Regulations	The policy sets out the requirements of the Working Time Regulations/ The Working Time Regulations are an important addition to health and safety protection at work/	Director of Workforce	Human Resources	26/06/2017
N/A	Workplace Wellbeing Policy	The Trust is committed to supporting employees to sustain good health and high levels of wellbeing in the workplace/ Employee health and wellbeing has a direct correlation with improved patient satisfaction and outcomes, higher levels of retention and lower rates of sickness absence/ The policy aims to bring a number of protocols which relate to staff health and wellbeing under an overarching policy statement/ Some protocols are new and underpin the Trust's commitment to the Workplace Wellbeing Charter; others are scheduled revisions of current policies/ The protocols included are: • Mental wellbeing (new) • Stress management (revised HR41 stress management policy) • Physical wellbeing (new) • Alcohol and substance misuse (revised HR02 Alcohol and substance misuse policy) • Work life balance (new)	Director of Workforce	Occupational Health and Wellbeing Service	21/06/2017
IP 03	Prevention and Control of MRSA, VRE and other Antibiotic Resistant Organisms	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 of Infection Prevention and Control	Infection Prevention	26/05/2017

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N/A	Domestic Abuse Policy	To ensure that all staff have clear guidance on responding to victims of domestic abuse/violence/ This was a recommendation following Trust involvement in a Domestic Homicide review and a requirement as partner agency to Wolverhampton Safeguarding Boards and Domestic Abuse Forum/	Chief Nurse	Head of Safeguarding	22/05/2017
CP64	Invasive Cervical Cancer Disclosure Audit – Local Policy	• To ensure that all women diagnosed as having cervical cancer will be given the option of being informed of the result of the review on all clinical material reported by or related to Royal Wolverhampton NHS Trust Cytology, Histopathology and Colposcopy Services/ • To provide safe mechanisms for record keeping/ • In addition, to collate this information with all other reviews of cervical smears, histology specimens and Colposcopic findings from all other cervical cancers and to provide an annual audit of results/ • To provide all data in an anonymised form to the West Midlands Quality Assurance Reference Centre (WMQARC) who will co-ordinate history reviews, for collation of review results and dissemination to the NHSCSP/ • To perform annual audit of the compliance with the policy, by means of annual cervical cancer audit, Colposcopy MDT's and quarterly cervical screening business meetings/	Directors of Pathology and Gynaecology	Hospital Based Coordinator	27/04/2017
OP41	Induction and Mandatory training policy	To provide guidance on the trusts induction and mandatory training process	Medical Director	Project Manager E-Learning & Oracle Learning Management	26/04/2017
OP41	Induction and Mandatory training policy	To provide guidance on the trusts induction and mandatory training process	Medical Director	Project Manager, Education and Training	26/04/2017
MP01	Medicines Policy	To ensure that the prescribing, supply, administration of medicines is compliant with current legislation	Chief Nursing Officer	Assistant Director of Pharmacy – Medicines Management/Clinical	24/03/2017

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				Services	
N/A	Car Parking	This policy seeks to regulate and oversee the Trust's arrangements for the management of car parking for patient visitors and staff on Trust premises/ The Trust has no obligation to provide car parking facilities for its employees/	Chief Operating Officer	Head of Commercial Services	01/03/2017
N/A	Car Parking	This policy seeks to regulate and oversee the Trust's arrangements for the management of car parking for patient visitors and staff on Trust premises/ The Trust has no obligation to provide car parking facilities for its employees/	Chief Operating Officer	Head of Commercial Services	01/03/2017
No number	Female Genital Mutilation Policy	This policy has been designed to address the trusts responsibilities and processes in respect of FGM and safeguarding against FGM in accordance with local and national guidance and legislation by adopting a care, protect and prevent approach/ To provide appropriate guidance for staff in the event that a woman or girl is identified as having undergone FGM or is at risk of FGM/	Director of Nursing	Safeguarding Adults Nurse	