

EIA Register 28th June 2011 - 31st March 2012

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							EIA Results Overview				
No.	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
1	CP06	Consent Policy	Ensure compliance with consent issues.	Medical Director	Consultant Hepatopancreatobiliary Surgeon	1.11.2011					
2	CP08	Chemotherapy Policy	To provide clinical guidance regarding issues relating to chemotherapy.	Chief Operating Officer	Lead Chemotherapy Nurse	11.7.2011		The Somerset Cancer Database is used to capture patient information on. Some of this data is audited.			
3	CP13	Prevention and Management of Pressure Ulcer Policy and Associated Guidelines	To ensure all staff proactively prevent pressure ulcers and manage pressure ulcers effectively to heal wounds.	Chief Nursing Officer	Tissue Viability Lead Nurse	1.2.2012		Audit for all PPC's		Paediatric policy to be developed to support this policy. (Same principles but some tools will be adapted for paediatrics/neonates).	Sep-12
4	CP42	Policy and procedure for the prevention of patient falls	Reduce the number of patient falls. Reduce harm to patients resulting from a fall. Support patients and staff to make individual decisions about appropriate falls prevention measures, balancing these with a patients need for rehabilitation and dignity.	Chief Nurse	Deputy Chief Nurse	30.9.2011	Leaflets will be available in alternative formats upon request	Some PPC's recorded via Falls Prevention Committee via incident reports on DATIX management system and RCA. Trust Preventing Harm Group.			
5	CP52	Intrathecal / Intraventricular Chemotherapy	To provide clinical guidance regarding issues relating to intrathecal chemotherapy.	Chief Operating Officer	Lead Cancer Nurse	11.7.2011		The Somerset Cancer Database is used to capture patient information on. Some of this data is audited.			
6	CP58	Prevention and treatment of Venous Thromboembolism [VTE]	Reducing morbidity from venous thromboembolism within the Trust.	Medical Director	Clinical Lead for VTE Prevention	7.8.2011	Communication barriers possible during risk assessment e.g., learning disability, language barriers or BSL, however, Learning Disabilities Specialist Nurse and interpreting services are available.				
7	CP59	Restraint of Adults and Children receiving care within the Trust	This policy is intended to provide guidance for clinical staff, management teams and security service providers in relation to the nature, circumstances and use of approved restraint techniques.	Director of Nursing and Midwifery	Named Nurse for Safeguarding Adults	9.9.2011	Policy available to staff in alternative formats on request.	DATIX incident reporting for some PPC's.		Provision of training for violence and aggression and implementation of risk assessments.	
8	GP01	Corporate Governance – Principles of Public Life	To identify the principles of public life and to explain how they apply to employees of this Trust.	Chief Executive Office / Chief Nursing Officer	Chief Nursing Officer	14.12.2011					

9	HR05	Equality of Opportunity Policy	The aim of the policy is to ensure that no employee or job applicant receives less favourable treatment, directly or indirectly, irrespective of the Personal Protected Characteristics provided in the Equality Act.	Director of Human Resources	Human Resources Department	17.1.2012	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 Whistleblowing policies to raise their concerns. Analysis of workforce data.			
10	HR08	Recruitment, Retention and Retirement	To ensure that Recruitment, Retention and Retirement are an integral part of the business strategy and the policy covers the details around these areas.	Director of Human Resources	HR Sub	14.11.2011		Introduction of a staff equality and diversity monitoring form for flexible working request form, and the exit interview questionnaire which can also be used for any number of HR processes in which we are required to collect data in relation to the personal protected characteristics. Monitoring in relation to the recruitment process. Flexible working and leavers monitoring.			
11	HR11	Protection of Pay and Conditions of Service Policy	To ensure employees facing a reduction in pay due to an organisational change are afforded protection for a defined period of time for loss of earnings to enable them to adjust their life style to reflect the reduction in pay they receive.	Director of Human Resources	Deputy Director of Human Resources	1.8.2011	Reasonable adjustments will have been considered during this process.	Yes – excluding gender re-assignment and pregnancy and maternity as no data at present, however, exercise underway to capture outstanding data.	The policy is applied equally to all staff regardless of PPC's if they meet the criteria for receiving pay protection.	Annual monitoring of people affected by the policy by PPC to ensure no indirect impact.	Jun-12
12	HR18	Appraisal Policy HR 18 now incorporates HR23	Support employees in their development and ensure corporate objectives are met in a consistent manner across the Trust (see policy statement).	Director of Human Resources	HR Sub	11.11.2011	Reasonable adjustments are provided eg font of documents could be made available to suit the requirements of staff.	Relevant data would be looked at in terms of compliance to the policy and identifying emerging patterns, which would be flagged up accordingly.			
13	HR29	On Call Arrangements Policy	This policy sets out the Trust's local arrangements for the payment of on-call work under the national framework of Agenda for Change. To operate on-call payment arrangements that are fair, consistent and equitable.	Director of Human Resources	HR Sub	7.2.2012		None, if an individual takes part in on call they will be paid the same as any other individual.			
14	HS06	Laser and UV Therapy Safety Policy	To govern the safe use of lasers and therapy ultraviolet equipment throughout Royal Wolverhampton Hospitals NHS Trust. The policy aims to introduce best practice in the management of laser safety and to comply with health and safety legislation, with a particular emphasis on compliance to the Control of Artificial Optical Radiation at Work Regulations 2010.	Medical Director	Chief Executive Officer advised by Trust Laser Safety Officer	2.2.2012	Format statement on policy so staff can request alternative formats e.g., larger print.			Reasonable adjustments to be provided at a departmental level where possible e.g., if staff are unable to use PPE or follow safety precautions without such adjustments.	As required.

15	IP15	Pest Control Policy	Effective use of pest control to ensure the hospital is safe for patients, visitors and staff. To ensure pests do not become a vehicle for infection. To have in place a standardised approach to the eradication or control of any pest on site.	Chief Operating Officer	Head of Hotel Services	3.11.2011					
16	OP01	Development and Control of Trust Policy and Procedural Documents	Provide a clear process for procedural document development within the Trust. Ensure that where appropriate, a clear and sound evidence base is being used and that key stakeholders have been consulted. Ensure that the documents are accurate, up to date and in the agreed Trust format. Ensure that all documents comply with the Equality and Diversity Scheme for the Trust.	Director of Nursing and Midwifery	Head of Governance and Legal Services	9.9.2011		Via contacts made requesting larger prints		Standard statement added to policies which makes the document available in larger print.	Sep-11
17	OP06	Media Policy	To outline procedures for handling the media and what staff should do if they are approached by the media or if they are involved in a situation that will attract media attention.	Director of Human Resources	Director of Human Resources	11.7.2011					
18	OP07	Health Records Policy	To provide all Trust staff with robust protocols and procedures which support good standards of record use and management.	Director of Finance and Information	Head of Patient Access	Aug-11	Alternative formats provided upon request for staff e.g., staff with a visual impairment.	Requests for alternative formats.		To provide alternative formats on request.	As and when required.
19	OP10	Risk Management Reporting Policy	This policy aims to: <ul style="list-style-type: none"> • Provide a framework for all staff to identify, assess, monitor and manage all types of risk; • Provide assurance to staff that the Trust operates a 'fair blame' culture and that therefore incidents and risks can be freely reported; • Provide Board assurance regarding the robustness of the Trust's risk management processes. 	Director of Nursing and Midwifery	Head of Governance and Legal Services	7.7.2011	Although reasonable attempts have been made to address font and easy read format there may be a need to provide larger print for people with visual impairment. Standard statement will be added to offer the policy formatted in a larger print.	Via contacts made requesting larger prints.		Standard statement added to policies which makes the document available in larger print.	Sep-11
20	OP26	Security Policy	The aim of the security policy is to implement local security management procedures and national guidance from NHS Protect on how to achieve a secure environment that will protect; patients, staff, visitors and their property and the physical assets of the organisation.	Chief Executive	Hospital Security Manager	4.1.2012		Monitoring via Security Review Group and Datix			
21	OP52	Patient Identification Policy	To ensure correct patient identification.	Chief Nursing Officer	Healthcare Governance and Quality Manager	22.2.2012		Incident reports.			
22	OP62	Breaking bad/significant news	To provide guidance regarding the delivery of bad news to patients and their families.	Director of Nursing	Lead Cancer Nurse	5.1.2012					
23	OP67	Patient Escort Policy	Utilising the escort policy will enable optimal safety for those patients being transferred within The Royal Wolverhampton Hospitals, as appropriate personal equipment and escort will be employed.	Director of Nursing	Divisional Nurse, Division 1 (Surgery)	10.1.2012					

24	OP70	Private Patients Policy	To give the business rules for the Treatment of Private Patients within the Trust.	Chief Financial Officer	Financial Controller	25.2.2012			Policy covers any person to be treated as a Private Patient. It has no impact on the provision of NHS services.		
25	OP73	Undertaking an Equality Impact Assessment (EIA)	The purpose of this policy is to ensure that an Equality Impact Assessment [EIA] is employed to determine the extent to which policies impact upon individuals and groups in relation to one or more of the Personal Protected Characteristics (PPC).	Chief Nursing Officer	Patient Experience Lead	30.1.2012	Policy available to staff in alternative formats on request. Statement on proformas to enable this access. EIA templates on intranet in Word for staff to complete, any staff with difficulties can get support from Equality and Diversity Officer.	EIA tool has been designed to highlight positive and possible adverse effects for all PPC's and includes an action plan aiming to redress possible adverse effects and/or discrimination. All policies presented at Policy Committee include an EIA. This is monitored via governance and equality and diversity offices. OP1 (Development and control of Trust policy and procedural documents) has been updated to ensure policies (new / reviewed) have an EIA. Annual register published on external website from 2011 onwards.	To monitor and ensure EIA is completed on all policies as part of OP1. EIA results to be published on the Trusts external website / internet as appropriate.	Ongoing	
26	OP80	Patient and Public Involvement and Consultation	To identify when consultation with the patients/public is to take place and to identify appropriate level of consultation process.	Chief Nursing Officer	Patient Experience Lead	19.12.2011					
27	OP81	Same-sex accommodation policy	The purpose of this policy is to ensure that staff refer to national guidance / policy to maximise patient privacy and dignity, by ensuring patients experience same-sex accommodation. Specific reference is made to trans-gender persons, again aiming to maximise patient privacy and dignity.	Director of Nursing	Divisional Nurse Division 1 (Surgery)	28.12.2011		Gender / Sex : Exception reporting and trend analysis. Monthly reporting to Director of Nursing.			
28	OP88	VitalPAC Policy and Procedure	To outline how VitalPAC is used in the Trust.	Chief Nursing Officer	Patient Safety Improvement Cor - Ordinator	Dec-11	Information regarding the use of the system is available on the intranet. It is aimed that with the implementation of IPOD Touch Pdas a translation app will be available to staff, but this needs to be formally investigated prior to attachment.	Via incident reports, VitalPAC user group, VitalPACS Operational Group, feedback from staff/managers.			
29	N/A	Major Incident Plan	To provide a framework for the Trust to respond to a Major Incident.	Director of Planning and Contracting	Head of Emergency Preparedness	14.7.2011	Interpreting service available.	Trust's governance routes and the using of the tools of incident reporting (DATIX) and patient complaints.			

30	TBC	SafeHands	To ensure robust guidelines on the use of SafeHands (sensor technology to track patients, staff and equipment in order to improve patient safety). Both staff and patients wear a sensor to enable the system to work.	Finance Director	Senior Project Manager	18.7.2011	Colour coding in place supported with shapes for clarity for staff with colour blindness. Information for patients available in alternative formats. Reasonable adjustments in place when required for staff using the system e.g., screens adjusted for visual impairment, colour blindness and colour coding is also shaped for clarity.	Some PPC information available, some monitoring taking place e.g., bed allocation for same sex sleeping accommodation.		Medical Illustration are able to provide alternative formats upon request.	Jan-12
31	N/A	Development of Patient Simulation Service	To develop Simulation Training in order to advance the skills levels of Trust staff by the creation of a simulated ward environment in which trainees will work with high fidelity simulators.	Denise Harmin (Director of Human Resources)	Stuart Hamilton (Joint Head of Clinical Skills and Resuscitation)	2.9.2011					
32	N/A	Business Continuity Strategy 2011/2012	The strategy has been developed to ensure that the Royal Wolverhampton Hospitals NHS Trust has arrangements in place to facilitate the recovery of its critical activities following a major disruption both for Acute and Community Services.	Director of Planning and Contracting	Head of Emergency Preparedness	10.10.2011	The Trust's normal routes would be adopted should any case arise, provision for people with hearing impairments should also be included.	This will be carried out through the Trust's governance routes and the using of the tools of incident reporting (DATIX) and patient complaints which includes some PPC's.			
33	TBA	Clinical Coding	Policies for the completion of Clinical Coding at the Trust.	Director of Finance and Information	Head of Clinical Coding and Data Quality	23.1.2012	The classifications are only in book format without large print available.	Staff have ongoing assessments as and when e.g., for visual impairment.		Investigation into alternative formats for Classification book for people with a visual impairment.	Ongoing
34	TBA	Integrated Governance strategy	A multi-disciplinary approach to governance and risk management with a clear accountability structure for all staff giving continuous improvement of the systems, processes and cultures which underpin effective governance. Progress the development of robust governance arrangements across all divisions and standardise these provisions in community areas. Maintenance of compliance with regulatory and performance standards of the Care Quality Commission, Monitor, NHS Litigation authority and other appropriate national agencies e.g. National Patient Safety Agency, Department of Health. Effective aggregation of risk and performance information to inform quality improvement, better patient outcomes and Board assurance. Ensure the Board and senior management are provided with adequate assurance that risks are being appropriately identified, assessed and mitigated. Development on Policy Governance principles to sustain compliance and continuous quality improvement. Promote a supportive and open culture to share learning, best practice and continuously improve the patient experience.	Director of Nursing and Midwifery	Head of Governance and Legal Services	3.2.2012	Although reasonable attempts have been made to address font and easy read format there may be a need to provide larger print for people with visual impairment.	Via contacts made requesting larger prints.		Format statement to be added to policy.	Feb-12

35	N/A	Records Management Strategy	The aims of the Trust's records management strategy are to ensure; a systematic and planned approach to records management covering records from creation to disposal; efficiency and best value through improvements in the quality and flow of information, and greater coordination of records and storage systems; compliance with statutory requirements; awareness of the importance of records management and the need for responsibility and accountability at all levels; and appropriate archiving of the Trust's important records.	Chief Financial Officer	Compliance Manager	24.2.2012					
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