

# Equality Impact Assessment (EIA) Register

27<sup>th</sup> June 2011

If you require this document in an alternative format e.g., larger print please contact Equality and Diversity Officer on 01902 694479 or e-mail [Rwh-tr.EqualityandDiversity@nhs.net](mailto:Rwh-tr.EqualityandDiversity@nhs.net)

An Equality Impact Assessment (EIA) is a way of systematically and thoroughly assessing, and consulting on, the effects that a service or policy is likely to have on people from different characteristic groups. The main purpose of an EIA is to pre-empt the possibility that any existing or proposed policy could affect some groups unfavourably. If appropriate, steps are taken to avoid this happening. EIA's are an ongoing process which is embedded in the Trust's policy development processes.

All the policies listed below have received an initial screening as a minimum requirement.

Existing policies will have an EIA on review.

No.	Policy No. (if applicable)	Name of Policy	Aim of policy	Accountable Director	Responsible person/people	Date of Initial Screening
1	CP01	Clinical Practice – The Formulation, Ratification and Circulation of Procedures Protocols and Guidelines for Nursing and Allied Health Professionals	The purpose of this policy is To outline the processes for the formulation, ratification and circulation of clinical procedures, protocols and guidelines for nursing and allied health professionals within the Royal Wolverhampton Hospitals NHS Trust (RWHT). 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	Director of Nursing and Midwifery	Head of Nursing and Midwifery Education Development	July 2009

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2	CP04	Discharge from Hospital	To ensure safe and appropriate discharge of patients from RWHT	Director of Nursing and Midwifery	Capacity Team Manager	Nov 2009
3	CP09	Palliative Care And Care After Death For Adults and Children	Promoting High Quality Care for dying adults, children and significant others	Director of Nursing and Midwifery	Palliative Care Clinical Nurse Specialists and Children's Oncology/ Palliative Care Clinical Nurse Specialist	21.6.2011
4	CP11	Resuscitation Policy	To provide direction and guidance for the planning and implementation of a high quality and robust resuscitation service to the organisation	Director of Nursing and Midwifery	Joint Head of Clinical Skills and Resuscitation services	13.6.2011
5	CP18	Clinical Photography, Video and Audio recordings	To ensure that all clinical photography undertaken within the Trust is subject to the relevant legislation and guidance to provide patients with the rights of confidentiality and the unlawful processing of data and the right of consent	Medical Director	Medical Illustration Manager	27.6.2011
6	CP24	Bone Bank Policy	To provide a framework for the required procedures for the harvesting of femoral heads [allograft] during primary hip replacement surgery and the provision to recipient patients	Medical Director	Designated Individual for the Bone Bank	9.6.2011

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7	CP26	Blood Transfusion	This policy supports the highest standards and consistent approach for the safe collection of samples for blood grouping and cross matching; safe collection, storage and administration of blood products across the Trust	Chief Operating Officer	Hospital Transfusion Team	No date
8	CP41	Safeguarding Children in Hospital	To inform all staff of the NHS requirements on the level of practice required to ensure the safeguarding of children becomes part of every working day for staff who meet and care for children within the Trust. Also to provide clear guidance for staff on the ways in which they can protect children as part of their everyday work	Governance Director for the Welfare of Children / Trusts Child Protection Steering Group	Named Nurse Child Protection RWHT	No date
9	CP42	Reducing 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	Director of Nursing and Midwifery	Deputy Director of Nursing	No date
10	CP43	Visiting Policy	To ensure a clear and consistent approach to visiting, which promotes patient recovery and experience	Director of Nursing and Midwifery	Lead Matron	No date

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11	CP46	Policy for the Use of Bed Rails	<p>Support staff and patients assess the risks and benefits associated with using bed rails for an individual and ensure that bed rails are only used for those patients where the benefits outweigh the risks</p> <p>Ensure compliance with 'Medicines and Health Related products Agency' (MHRA) and 'National Patient Safety Agency' (NPSA) advice</p> <p>Reduce the risk of patients being harmed by falling out of bed or becoming trapped in bed rails</p>	Director of Nursing and Midwifery	Deputy Director of Nursing	No date
12	CP51	Point of Care Testing (POCT) 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	Point of Care Committee Chair	10.6.2011
13	CP53	Safeguarding Vulnerable Adults	Trust arrangements to implement the inter-agency strategy for safeguarding vulnerable adults.	Director of Nursing	Safeguarding Vulnerable Adults Lead	5.7.2011
14	CP54	Clinical Supervision [Nurses and Allied Health Professionals]	To define a systematic approach to the supervisory process for practitioners offering professional support and learning which enables individual practitioners to develop knowledge, skills, competence and responsibility for their own practice to enhance patient safety	Director of Nursing and Midwifery	Head of Nursing and Midwifery Education Development	July 2010

No.	Policy No. (if applicable)	Name of Policy	Aim of policy	Accountable Director	Responsible person/people	Date of Initial Screening
15	CP55	Control and Management of Transmissible Spongiform Encephalopathies (TSE), including Creutzfeldt Jakob Disease (CJD)	To provide guidance to staff on the precautions necessary to minimise the risk of occupational exposure to Transmissible Spongiform Encephalopathies (TSEs) and to prevent the transmission of TSEs	Director of Nursing and Midwifery	Director of Infection Prevention and Control	17.6.2011
16	HR01	Leave Policy	To assist staff to better manage the balance between their working lives and commitments and obligations outside of work	Director of Human Resources	Human Resources Department	April 2008
17	HR02	Alcohol and Misuse of Substances Policy	Sets out the procedure for dealing with the use of alcohol, misuse of drugs or harmful substances or being under the influence of alcohol or substance misuse whilst on duty or on Trust premises	Director of Human Resources	Human Resources Department	April 2008
18	HR03	Disciplinary Policy	The policy details how the Trust will manage those employees who do not act professionally and in accordance with Trust rules and standards of behaviour at all times	Director of Human Resources	Human Resources Department	April 2008
19	HR04	Engagement of Temporary Workers Policy	Details the procedure to be followed when engaging temporary workers	Director of Human Resources	Human Resources Department	April 2008
20	HR05	Equality of Opportunity Policy	To promote equality of opportunity for all job applicants and employees	Director of Human Resources	Human Resources Department	April 2008
21	HR06	Grievance Policy	Details the procedure to be followed when dealing with issues that affect employees and former employees	Director of Human Resources	Human Resources Department	April 2008

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22	HR07	Inclement Weather Policy	To assist in determining the most appropriate way to handle the situation where inclement weather conditions may necessitate the consideration of alterations to normal working patterns	Director of Human Resources	Human Resources Department	April 2008
23	HR08	Recruitment, Retention and Retirement	To provide a format for standard recruitment, retention and retirement practices	Director of Human Resources	Human Resources Department	April 2008
24	HR09	Personal Files	To provide a standard for the way the Trust maintains personal files	Director of Human Resources	Human Resources Department	April 2008
25	HR10	Code of Practice – Protection of Children	To ensure that the safety and welfare of the child is paramount at all times	Director of Human Resources	Human Resources Department	April 2008
26	HR11	Protection of Pay and Conditions of Service Policy	Details the procedure to be applied when an employee is disadvantaged as a result of organisational change	Director of Human Resources	Human Resources Department	April 2008
27	HR12	Consultation and Negotiation Arrangements in Partnership Policy	To set out the arrangements by which the Trust will recognise and negotiate with Trade Unions	Director of Human Resources	Human Resources Department	April 2008
28	HR13	Management of Sickness Absence Policy	To provide a framework whereby the Trust can effectively manage sickness absence and adopt a sensitive, positive, supportive and consistent approach to the management of sickness absence	Director of Human Resources	Human Resources Department	April 2008
29	HR14	Work Experience Policy	To provide instruction for the work experience process	Director of Human Resources	Work Based Learning Programme Manager	16.5.2011

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30	HR15	Prevention of Harassment and Bullying Policy	This policy promotes the respectful treatment of staff within the Trust and the protection of employees from bullying and harassment at work. Bullying and harassment in any form will not be tolerated by the Trust	Director of Human Resources	Human Resources Department	April 2008
31	HR16	Raising Concerns at Work – Whistle Blowing policy	To ensure there is a clearly understood and systematic approach for dealing with raising concerns at work and ensure the trust complies with the Public Interest Disclosure Act 1998	Director of Human Resources	Human Resources Department	April 2008
32	HR17	Implementation of the Working Time Regulations	To ensure the Trust complies with the Working Time Regulations	Director of Human Resources	Human Resources Department	April 2008
33	HR18	Appraisal Policy	To support employees in their personal development and the requirements they have in meeting Continual Professional Development	Director of Human Resources	Human Resources Department	April 2008
34	HR19	Capability Policy	An effective and fair procedure to respond to an employee's unsatisfactory performance at work	Director of Human Resources	Human Resources Department	April 2008
35	HR20	Maintaining Professional Registration Policy	To ensure all professionally qualified practitioners within the Trust are appropriately qualified and registered	Director of Human Resources	Human Resources Department	April 2008
36	HR21	Staff Working Across Organisation Boundaries	To ensure there are clear lines of accountability and responsibility for staff employed by the Trust working in another organisation and staff working in the Trust who are employed by another organisation	Director of Human Resources	Human Resources Department	April 2008

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37	HR22	Dress Code	To describe a standard of dress for all staff whilst on duty and for those in uniform travelling to and from their place of work	Director of Human Resources	Human Resources Department	April 2008
38	HR23	Knowledge and Skills Framework Personal Development Review	To support employees in their personal and professional development	Director of Human Resources	Human Resources Department	April 2008
39	HR24	Secondment Policy	Details the procedure to be applied to staff that are seconded either within the Trust or to an external organisation	Director of Human Resources	Human Resources Department	April 2008
40	HR25	Expenses	Sets out the reimbursement of expenses incurred by staff when on trust business away from their normal place of work	Director of Human Resources	Finance Department	April 2008
41	HR26	Employment Checks Policy	Sets out the employment checks to be completed by applicants who have been offered a position with the Trust	Director of Human Resources	Human Resources Department	Sept 2010
42	HR41	Stress Policy	To prevent, so far as is reasonably practicable, stress in the workplace by raising awareness of the associated risks and providing guidance to managers on the identification and control of stress	Executive Director of Human Resources	Head of Occupational Health and Wellbeing	8.6.2011
43	HS03	Sharps Management	To inform staff sustaining a sharps incident of the appropriate action to take in order to reduce the potential effects to their health	Director of Nursing and Midwifery	Nursing Services Manager	8.6.2011



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44	HS05	Ionising Radiation	The aim is to ensure, so far as is reasonably practicable, the health and safety of Trust employees and patients, of contractors working on the premises and of members of the public who may be exposed to hazards arising from the use of ionising radiation, and to establish good communication and co-operation at all levels	Medical Director	Head of Medical Physics	10.6.2011
45	HS11	Management of Medical Devices	To have in place robust system for the management of medical devices for implementation across all areas of the Trust, so that RWHT can comply with its obligations	Medical Director	Head of Clinical Engineering	10.6.2011
46	IP01	Hand Hygiene	This policy is designed to be used in conjunction with other initiatives and activities; it outlines the Trust Preferred behaviour for the performance of hand hygiene, and must be read in conjunction with the following Trust policies: Dress Code, Standard Precautions and Glove policy	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
47	IP03	Prevention and Control of MRSA, VRE and other Antibiotic resistant Organisms	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 provided specific protocols and guidelines for practices	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011

No.	Policy No. (if applicable)	Name of Policy	Aim of policy	Accountable Director	Responsible person/people	Date of Initial Screening
48	IP04	Surveillance of Infection Policy	The prevention and early detection of outbreaks in order to allow timely investigation and control. The proactive assessment of infection levels over time in order to determine the need for and measure the effect of, preventative or control measures	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
49	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 Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
50	IP06	Prevention and Control of Clostridium difficile Diarrhoea	The purpose of this policy is to provide guidance on the appropriate prevention, control and management of <i>clostridium difficile</i> infection	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
51	IP08	Infection Prevention Operational Policy	The purpose of this policy is to identify the position of the infection prevention and control function in the organisational structure and the operational systems and assurances which are in place in order to ensure that infection prevention and control is facilitated and communicated within the Trust	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
52	IP09	Glove Policy	The purpose of this policy is to provide guidance for all staff on the purchase, selection and safe practice for the use of disposable gloves	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011

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53	IP10	Isolation Policy	This policy describes the method and responsibilities for the appropriate and successful implementation of patient isolation for medical staff, nursing, midwifery and all allied health professionals as well as staff under temporary contract or working in contracted services within the Trust	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
54	IP11	Management of Infestations	To ensure all interactions between staff, patients and visitors are safe, minimising any risk of cross infection. Prompt identification and diagnosis of symptoms is essential. Standard precautions together with co-ordinate approach to treatment must be employed so that morbidity for patients and contacts is avoided	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
55	IP12	Standard Precautions for Infection Prevention	All staff should understand the importance of the standard principles of infection prevention and control, and apply these standards in order to minimise the risk of cross contamination / infection to the patients, as well as to protect themselves and their colleagues from exposure to infectious agents	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
56	IP13	Outbreaks of Communicable Infection/ Infection Prevention Serious Untoward Incidents	To identify, investigate and control outbreaks to prevent further spread of the microorganism	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011

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57	IP15	Pest Control	Is to have in place, throughout the Trust, a standardised approach to the eradication or control of any pest found on site. A pest control policy is a requirement under the Health and Social Care Act 2008	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
58	IP16	Blood Culture Collection Policy	This policy provides direction on the indications for blood culture, training requirements and authorisation to take the specimen	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
59	IP17	Prevention and Control of Tuberculosis (TB) in the Hospital Setting	To ensure that patients with diagnosed or suspected Tuberculosis receive appropriate treatment, their contacts are fully investigated and other patients and staff are protected from contracting Tuberculosis by appropriate infection prevention methods	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
60	IP18	For the management of suspected and/or confirmed Norovirus	This policy has been developed to provide a practical document to equip all healthcare professionals with the necessary information on the recognition, management and treatment of an outbreak of norovirus	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011
61	IP19	Blood and Body Fluid Spillage Management	This policy provides guidance on the management of blood and/or body fluid spillage	Director Infection Prevention and Control / Deputy Director of Nursing and Midwifery	Head Infection Prevention Nurse	7.6.2011

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62	OP08	Complaints Management Procedure	To obtain views of service users and enable them to raise concerns	Director of Nursing and Midwifery	Complaints Management Coordinator	March 2011
63	OP20	Management of the Deceased Patient	<p>This Policy covers the management of the deceased patient including ward protocols and procedures, transfer of bodies from the ward to the Mortuary / Body Store and reception of the deceased into the Mortuary / Body Store. Also included is information regarding transfer of bodies outside the Trust to external agencies e.g. Public Mortuary Wednesfield</p> <p>The aim of the Policy is to provide clear guidance in managing the deceased ensuring that dignified, safe, legal and identified procedures are uniformly adopted by all relevant staff within the organisation. This in turn will ensure that bodies are safely transferred and stored appropriately and that clinical examination is undertaken as necessary. The Policy includes guidance for staff on how to reduce the risk of infection to other professionals</p>	Chief Operating Officer	Pathology Services manager / Head Biomedical Scientist – Histopathology	13.6.2011
64	OP29	Non Urgent Patient Transport	Process to follow to book patient transport	Chief Operating Officer	Patient Services Manager	17.6.2011
65	OP34	Management of Equipment Training	To ensure a level of equipment training required to promote a safe environment for patients and staff	Director of Human Resources	Manager of Clinical Engineering	16.6.2011

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66	OP41	Induction and Mandatory Training Policy	To identify mandatory training as required from Trust or external drivers, and to identify the process for the governance of mandatory training	Director of Human Resources	Head of Education and Training	9.6.2011
67	OP46	Development of Patient Information	The aim of the policy is to provide guidance on the development of patient information in line with the NHS recommendations. Patient information is an essential part of the patient's journey and a key element in the overall quality of the patient experience. It is therefore, important that the Trust provides suitable patient information that meets the needs of specific patient / public / carer groups	Director of Nursing and Midwifery	Safety Systems Co-ordinator	No date
68	OP47	Guidance on how to access interpreting services to aid communication services for patients	To provide guidance on how to access interpreting services to aid communication for patients who cannot speak, read or understand the English language. The policy also covers support for deaf and deaf/blind and patients with learning disabilities	Director of Nursing and Midwifery	Patient Experience Lead	September 2008
69	OP69	Overseas Visitors Policy	Process to follow when an overseas visitor attends the Trust	Medical Director/Chief Operating Officer	Patient Services Manager	17.6.2011
70	OP70	Private Patient Policy	Process to follow when a private patient attends the Trust	Director of Finance and Information	Patient Services Manager	17.6.2011
71	OP78	Patient and Staff Memorials / Plaques	The Trust in this policy seeks to achieve a systematic approach to requests for plaques and other memorials.	Director of Nursing and Midwifery	Chaplaincy Team Leader	7.6.2011

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72	N/A	Foot Health Telephony Upgrade	Improve communication with patients by improving access	Director of Community Services	Clinical Services Manager	6.6.2011
73	N/A	Management of Sickle Cell Disease	The purpose of this policy is enable the Trust to be compliant with the recommended guidelines and standards; in order to address inequalities in service provision and provide access to good quality care. This applies to initial diagnosis, crisis management, pain relief and the many other acute and chronic complications	Clinical Lead for Haematology	Lead Haematologist In Haemoglobinopathies	No date
74	N/A	Provision of redesigned Pathology Services into a single building	This document outlines the operational benefits for the four Pathology disciplines whilst establishing improved linkages with clinical services to which the Pathology Department provides a service	Director of Estates Development	Pathology Project Board	No date
75	N/A	Heatwave Plan	To provide a framework for the Trust to respond to a heatwave	Director of Planning and Contracting	Head of Emergency Preparedness	6.6.2011