Equality Analysis Register for period 22.6.2013 - 26.2.2015.

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Policy No. (if applicable)	Name of policy	Aim of policy	Accountable Director [TITLE]	Responsible person/people [TITLE]	Date of Initial Screening
CP08	**Policy Relating to The Administration of Systemic Anti-Cancer Therapy [SACT]**	The purpose of this document is to set out Trust procedure and guidance for the safe prescribing, handling and administration of SACT.	Clinical Director for Oncology and Clinical Haematology	Professional Education Nurse for Oncology and Haematology	21.10.2013
CP11	**Resuscitation Policy**	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
CP26	**Blood Transfusion**	To provide direction for all staff involved in the blood transfusion process, ensuring the highest standards and a consistent approach to safe transfusion practice across the organisation.	Chief Operating Officer	Hospital Transfusion Team	10.11.2014
CP36	**Chaperoning of Patients and Clients**	To provide guidance to staff regarding the need for a chaperone, to minimise risk and to safeguard both parties.	Director of Nursing and Midwifery	Senior Matron	25.7.2013

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CP42	Policy and procedure for the prevention and management of adult and paediatric patient falls within inpatient settings	To reduce the number of patient falls. To 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 patient's need for rehabilitation and dignity.	Chief Nursing Officer	Group Manager	2.12.2014
CP51	Point of Care Testing Policy (POCT)	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	Consultant Clinical Scientist and Clinical Lead for Point of Care Testing	6.5.2014
CP54	Clinical Supervision	Provide a clinical supervision process for registered nurses and allied health care professionals. Meet the requirements of professional bodies and the Care Quality Commission.	Chief Nursing Officer	Head of Nursing – Education (Acting)	Jan-15
CP58	Prevention and treatment of Venous Thromboembolism (VTE)	To provide guidance to clinicians on the prevention and treatment of VTE in adult patients.	Medical Director	VTE clinical nurse specialist (AMU)	23.9.2014
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 WAG (Workforce Assurance Group)	17.9.2014
HR13	Management of Sickness Absence and Attendance Policy	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	13.11.2013
HR14	Work Experience Policy	To detail the arrangements for all work experience within the organisation and the associated processes for the application of the policy.	Director of Human Resources	Policy Development Group	12.2.2015

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HR15	**Prevention of Harassment and Bullying Policy**	Promote the respectful treatment of staff within the Trust and the protection of employees from bullying and harassment at work.	Director of Human Resources	Human Resources Department	26.9.2014
HS07	**Management of Safety Alerts**	To control the dissemination and compliance with all safety alerts including Field Safety Notices (FSN's) received into the Trust.	Chief Nursing Officer	Trust Safety Lead	29.12.2014
HS11	**Management of Medical Devices**	Complete lifecycle of a medical device for the Trust.	Medical Director	Head of Clinical Engineering	13.02.2014
IP03	**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 Nurse	11.11.2014
IP04	**Transportation of Clean and Contaminated Instruments, Equipment and Specimens**	To outline a safe process of transporting clean and contaminated instruments, equipment and specimens.	Director of Infection Prevention and Control	Infection Prevention Nurse Manager	19.12.2014
IP05	**Linen Policy**	The purpose of this policy is to ensure the appropriate management of hospital linen, staff uniforms and clothing/linen belonging to patients to minimise contamination of patients, staff and the hospital environment and comply with the Health and Social Care Act (2012): Code of Practice for the Prevention and Control of Infection (2012) and Department of Health Guidance.	Director of Infection Prevention and Control	Infection Prevention Nurse	1.12.2014

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IP06	**Prevention, Control and Management of Clostridium difficile**	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. 2012) Code of Practice for health and adult social care on the prevention and control of infections and related guidance and Department of Health (2012) Guidance.	Director of Infection Prevention and Control	Infection Prevention Nurse Manager	19.12.2014
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	Infection Prevention Nurse	11.11.2014
MP01	**Medicines**	This policy covers the prescribing, supply, storage and administration of all medicines used in Royal Wolverhampton NHS Trust. It is written to ensure safe, and rational use of medicines within the Trust, with due regard for the relevant legislation on medicines, and specific guidance from the Department of Health, the Royal Pharmaceutical Society and the Nurse & Midwifery Council Standards for medicines management.	Chief Nursing Officer	Director of Pharmacy	30.12.2014

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MP03	**Medicines Reconciliation**	To ensure that all patients have full medicines reconciliation done as soon as possible after admission to hospital.	Chief Nursing Officer	Assistant Director of Pharmacy - Medicines Management	30.6.2014
OP0	**E Roster**	To ensure that E Roster is used appropriately and safe staffing enacted.	Chief Nursing Officer	Deputy Chief Nursing Officer	2.1.2014
OP07	**Health Records Policy**	To provide all Trust staff with robust protocols and procedures to support the management of all patient records both within the Trust and community services.	Director of Finance	Administration Manager	Dec-14
OP10	**Risk Management and Patient Safety Reporting Policy**	This policy covers the requirements for reporting, escalation and management of incidents and risks. It identifies timescales for reporting and external agencies to be notified. It provides a standard categorisation matrix for the grading of incidents, risks, complaints and claims, and templates for investigations and risk assessments. The policy includes the requirements for reporting, investigation and management of serious and reportable incidents and support provided to staff involved.	Chief Nursing Officer	Healthcare Governance Manager	30.1.2015
OP12	**IT Security Policy**	To define technical IT Security Policy.	Senior Information Risk Officer / Finance Director	IT Security Manager	10.6.2014
OP13	**Information Governance Policy**	To inform staff of the overarching principles of information governance to manage information securely and effectively. Point staff to specific guidance on how to use information securely.	Medical Director and Caldicott Guardian	Information Governance Lead	Jun-12

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OP18	**Patients Property**	Process to follow when dealing with patients' property.	Chief Finance Officer	Patients Services Manager	12.1.2015
OP20	**Management of the Deceased Patient**	To provide policy and guidance on the management of deceased patients in hospital.	Chief Operating Officer	Deputy Chief Nursing Officer	22.6.2014
OP28	**Management of Prisoner Attendance**	To ensure the security and safety to persons in custody as well as staff/patients.	Chief Operating Officer	Trust Security Manager/LSMS (Local Security Management Specialist)	10.01.2014
OP30	**Research Governance**	This policy aims to ensure that any individuals employed by, or visiting, the Trust are fully informed and comply with the governance arrangements in place for obtaining Trust approval for conducting or participating in research studies/trials or associated activities.	Medical Director	Research and Development Directorate Manager	22.10.2014
OP45	**Clinical Audit and Effectiveness Policy and Strategy**	To set out the Trust's expectations in relation to conduct and participation in clinical audit. The policy outlines the process that must be followed when choosing, developing and undertaking clinical audit projects, the roles and responsibilities of all staff involved in the audit process, and the support available from the Governance Department.	Medical Director	Governance Support Team Leader	27.1.2015
OP46	**Development of Patient and Carer Information**	To provide guidance on the development of written/printed or published information given to patients, relatives or carers about their clinical treatment, in line with the NHS recommendations and equalities legislation.	Chief Nursing Officer	Assistant Healthcare Governance Manager	18.6.2014

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OP60	**Being Open**	To direct staff in the discharge of the duty of candour: • To guide and encourage staff to apply the principle of openness and honesty towards patients who have suffered harm from a patient safety incident. • To devise a formal being open process for instances of moderate, severe harm, prolonged psychological harm or death of a patient as a result of an incident/event during the course of healthcare delivery.	Chief Nursing Officer	Head of Governance and Legal Services	Jan-15
OP61	**Management of external agency visits, inspections, accreditations and external recommendations**	To set out the processes to ensure that all recommendations made by external agency visits, inspections, accreditations and external recommendations are implemented and monitored following their implementation, and that there is a formal reporting and reviewing process.	Chief Nursing Officer	Governance Support Team Leader	23.9.2014
OP62	**Breaking bad news**	To provide guidance regarding the delivery of bad news to patients and their families.	Director of Nursing	Lead Cancer Nurse	23.10.2013
OP78	**Memorial Policy**	The Trust recognises that on occasions, staff, relatives and other charitable donors may make requests for memorials or plaques to be located in the Trust. 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	18.7.2013
OP79	**Water Safety Policy**	Management of water systems on site.	Chief Operating Officer	Head of Estates	1.12.2013
OP86	**Medical Gas and Vacuum Systems Policy**	Policy achieves compliance with National Patient Safety Agency Rapid Response Report 006 and has been reviewed to ensure all references are up-to-date.	Chief Operating Officer	Divisional Manager of Estates and Facilities	14.8.2013

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	Organ Donation	To update policy.	Consultant in Intensive Care Medicine and Anaesthesia	Consultant in Intensive Care Medicine and Anaesthesia	12.8.2013
	Chapel Relocation	To provide a temporary chapel to accommodate new emergency centres relocation.	Estates Development	Chaplaincy Team Leader	27.01.2014
CP64	**Invasive cervical cancer disclosure audit 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 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 Programme Coordinator	11.02.2014
	Enuresis Policy	Implementation of Citywide enuresis clinics.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014

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T17	Gardasil Clinical Practice	Administration of gardasil immunisation.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Health Surveillance Clinical Practice	Correct procedures to carry out health surveillance on a child.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Hearing Screening Clinical Practice	To offer hearing screening to all year one pupils in Wolverhampton.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Men C Clinical Practice	Administration of Men C immunisation	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Revaxis Clinical Practice	Administration of revaxis immunisation	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Transfer of Records Policy	Safe transfer of records from health visitors to school nurses.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Cold Chain Policy	Correct storage of immunisations/medicines.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	BCG Clinical Practice	Administration of BCG vaccine.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	24.01.2014
	Mantoux Clinical Practice	Administration of mantoux test.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	18.02.2014

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	Asthma Policy	Implementation emergency inhalers in schools.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	14.04.2014
	Catering Service	To ensure that hospital inpatients have their dietary requirements met.	Divisional Manager Estates and Facilities	Catering Manager	11.03.2014
	Fluenz Clinical Practice	Administration of fluenz immunisation.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	20.05.2014
	Fluarix Clinical Practice	Administration of fluarix immunisation.	Group Manager Children's Services	School Nurse Manager of Children's Services Group	30.7.2014
	VIP Visitors Procedure	This policy outlines the procedures for dealing with VIP visitors. It applies to all staff employed by the Trust, including students, volunteer workers, contractors, temporary staff and those seconded to the Trust.	Director of Planning and Contracting	Head of Communications	Dec-13
	Education, Training and Leadership Strategy	To set out the plan for delivery of education in the Trust.	Medical Director	Head of Education and Training	16.11.2014
	Dementia Strategy (2015 - 2020)	A five year strategy for the delivery of excellence in person-centred dementia care. Six strategic objectives to provide; access to safe, coordinated care; excellence in assessment, treatment and care; an appropriately skilled workforce; positive patient and carer experience; dementia friendly environments of care; leaders in research and innovation.	Chief Nurse	Consultant Nurse - Dementia Services	13.10.2014

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	Power Driven intra-osseus (IO) Needle Insertion	To facilitate the insertion of an IO device during cardiac arrest or life threatening event when peripheral cannulation is difficult.	Head of Education and Training	Lead for Simulation	28.11.2014
	Condom Distribution and Pregnancy Testing Schemes for Young People	To ensure that all young people are encouraged to make informed decisions to protect themselves and their partners' sexual, physical and emotional wellbeing through the provision of free condoms and access to free pregnancy tests.	Group Manager – Rehab and Ambulatory Group	Prevention Co-Ordinator	1.12.2014
	PALS (Patient Advice and Liaison Service) and Complaints Services	To provide a personalised PALS and complaints service, focussed on listening, responding and improving services.	Chief Nursing Officer	PALS and Complaints Manager	8.1.2015
	Organ and Tissue Donation Memorial	To recognise the gift of organ and tissue donation.	Chief Nursing Officer	Project Lead at University of Wolverhampton	17.12.2014