Equality Analysis Register for period 27.2.2015 - 31.3.2018

Policy No. (if applicable)	Name of policy, strategy, procedure or area being assessed	Aim of policy	Accountable Director	Responsible person/dept/assessment carried out by	Date of Screening
CP01	**Clinical Practice – The Formulation, Ratification and Circulation of Procedures Protocols and Guidelines for Nursing and Allied Health Professionals**	To ensure a consistent process for access, development, ratification and dissemination of clinical practices. Promoting safe, effective care delivery to service users.	Chief Nurse	Nurse Education	October 2015
CP06	**Consent Policy**	To ensure consent is practised to the standard required by the courts and the GMC.	Medical Director	Medical Director	12.3.2017
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.	Clinical Director for Oncology and Clinical Haematology	Oncology	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	Clinical Skills and Resuscitation	18.2.2016
CP43	**Visiting Policy**	To provide a clear and consistent approach to visiting acknowledging an individualised personalised approach particularly for vulnerable patient groups.	Chief Nursing Officer	Lead Matron	No date (received 24.4.2015)

CP45	Management of Enteral Feeding Tubes	This policy details the procedure for healthcare professionals to manage enteral feeding tubes used for feeding, thus minimizing complications associated with them and maintaining their patency. The policy covers adults in hospital and community settings.	Medical Director	Clinical Nurse Specialist Enteral Nutrition	15.10.2015
CP46	Policy for use of Bed Rails	Promote best practice for the safe utilisation of bed rails in clinical practice.	Chief Nurse	Senior Matron	28.5.15
CP52	Policy Relating to the Administration of Intrathecal Chemotherapy	The purpose of this document is to set out the Royal Wolverhampton NHS Trust procedure and guidance for the safe prescribing, preparation, handling and administration of Intrathecal Chemotherapy. This policy applies to all patients and employees irrespective of sex, age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status.	Clinical Director Of Oncology and Haematology	Oncology	7.5.2015
GP01	Corporate Governance	To promote the seven principles of public life and embed them within the work of the Trust.	Chief Executive Officer/Chief Nursing Officer	Trust Board Secretary	07.01.2016
HR01	Leave Policy	Describe how any type of leave should be applied across the Trust equally to all employees.	Director of Human Resources	Deputy Human Resources Manager	4.6.2015

HR03	Disciplinary Policy	To ensure there is a systematic approach to achieving the required standards of conduct and that any disciplinary action is fairly and consistently applied.	Director of Human Resources and Organisational Development	Human Resources	11.3.2016
HR05	Equality of Opportunity Policy	The Royal Wolverhampton NHS Trust is committed to eliminating all forms of discrimination. This policy provides Equality of Opportunity in Employment for all job applicants and employees. The Equality Act 2010 replaced previous anti discrimination laws with a single act to make the law simpler and remove inconsistencies. The aim of this policy is to ensure that no employee or job applicant receives less favorable treatment, directly or indirectly, irrespective of: - Age - Disability - Gender/Sex - Gender Reassignment - Marriage and Civil partnership - Pregnancy and Maternity - Race/Ethnicity - Religion or Belief - Sexual Orientation	Director of Human Resources	Human Resources	24.11.2014
HR07	Inclement Weather Policy	To provide managers and staff with guidance on what to do in extreme weather conditions this may impact on their timely arrival at work.	Director of Human Resources	Human Resources	25.06.15
HR10	Managing Allegations of Behaviour Indicating Unsuitability to Work With Children and Adults with Needs for Care and Support	Staff must act at all times in such a manner as to safeguard the interest of individual patients and clients. The scope of the policy is not limited to allegations involving 'significant harm' / 'risk of significant harm'. Where staff members demonstrate behaviours, either in the work-place or private life, which indicate unsuitability to work with children, young people or adults with needs for care and support, these must be taken seriously by the Trust and taken forward under this policy.	Director of Human Resources and Organisational Development	Huma n Resources	7.4.2016

HR12	Consultation and Negotiation Arrangements in Partnership Policy	This policy sets out the arrangements agreed for consultation and negotiation in partnership between the Trust and recognised Trade Unions, with the aims of ensuring that all staff have an opportunity to be involved in decisions that affect them, and of developing a consistent approach to management and staff working in partnership.	Director of Human Resources and Organisational Development	Human Resources	Dec-15
HR13	Supporting and Managing Staff Attendance At Work Policy	The Trust recognises the considerable commitment that our staff demonstrate on a day-to-day basis and we wish to support staff to deliver our service, based on the best quality care standards for patients. This policy and its supporting documents are therefore intended to provide a balanced approach to managing attendance, for both individuals and the Trust. The attachments provide information on "what to do when sickness absence occurs" and a procedure for "management of staff attendance at work", redeployment, disengagement, suspension pending medical assessment, and annual leave during sickness.	Director of Human Resources and Organisational Development	Human Resources	12.12.2016
HR18	Appraisal Policy	Govern appraisal arrangements for non-medical staff.	HR Director	Education and Training	8.1.2016
HR19	Capability Policy	To ensure there is a systematic approach to achieving the required standards of capability and that any formal action is fairly and consistently applied.	Director of Human Resources and Organisational Development	Human Resources	7.4.2016
HR21	Staff Working Across Organisational Boundaries	The policy defines lines of responsibility and accountability for Trust staff who undertake work in premises of other organisations and for individuals who undertake work at the Trust or for the Trust but not employed by the Trust. Key issues covered include the use and content of Service Level Agreements (SLA) and Honorary contracts, and information relating Indemnity and Insurance.	Director of Human Resources and Organisational Development	Human Resources	18.4.2016

HR22	Staff Dress Code and Uniform Policy	The policy sets out the expectations of the Trust in relation to corporate dress code and the wearing of Trust uniforms. The way employees dress and their appearance is of significant importance in portraying a professional image to all users of its service, whether patients, visitors, clients or colleagues.	Director of Human Resources and Organisational Development	Human Resources Department	5.9.2016
HR25	Expenses Policy	The purpose of the policy is to set out the Trust's policy on the reimbursement of expenses incurred by staff when on Trust business away from their normal place of work. The expenses covered by this policy are: • Travel Expenses for official journeys (mileage, public transport, taxi fares) • Subsistence Allowances • Training/Study Leave Expenses • Telephone Expenses	Director of Human Resources	Human Resources	15.4.2016
HS05	Ionising Radiation Safety Policy	To identify and implement the framework for the safe use of ionising radiation on Trust premises.	Medical Director	Governance and legal services	11.5.2016
HS06	Laser, UV and Optical Radiation Protection Policy	Safety of Artificial Optical Radiation with an emphasis on Lasers and Therapeutic Ultra-violet light.	Medical Director	Governance and legal services	11.5.2016
HS12	Decontamination of Medical Devices	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.	Chief Operating Officer	Decontamination Lead	May-16
HS22	Asbestos Policy	Management of Asbestos on site.	Chief Operating Officer	Head of Estates	1.10.2014
HS26	Fire Policy	To prevent and protect all persons from the effects of a fire in Trust premises.	Chief Operating Officer	Fire Safety Manager	22.4.2016

IP01	Hand Hygiene	The aim of this policy is to reduce the risk of transmission of microorganisms which may cause healthcare associated infections. Hand Hygiene is the single most effective activity to reduce the risk of Healthcare associated infections. Attachments provide specific protocols and guidelines for practice.	Director of Infection Prevention and Control / Director of Nursing and Midwifery	Lead Nurse Infection Prevention	Received 26.6.2015
IP02	Preventing Infection associated with the built environment	This policy covers the implementation of Health Building Note 00-09 Infection Control in the Built Environment last updated March 2013. It details the actions required to assess and reduce the risk of infection related to building and maintenance works and to comply with the Health Act 2008 - Hygiene Code (Department of Health, 2011).	Director of Infection Prevention and Control	Chief Nursing Officer	7.5.2015
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	12.10.2015
IP07	Viral Haemorrhagic Fever Policy	Health and Safety Prevention of Infection.	Chief Nurse	Infection Prevention	1.10.2015
IP09	Glove Policy	Health and Safety. Prevention of Infection.	Chief Nurse	Chief Nurse	17.7.2015
IP10	Isolation Policy	This policy sets out responsibility of staff regarding isolation of patients due to Infection Prevention interventions. It Addresses management of patients that require isolation and segments the responsibility of staff.	Director of Infection Prevention	Chief Nurse	2.6.2015
IP11	Infection Prevention management of patients affected by common UK parasites	Health and Safety. Prevention of Infection.	Chief Nurse	Infection Prevention	27.11.2015

IP12	Standard Precautions	The aim of this policy is to provide guidance on the appropriate management of Standard Precautions for Infection Prevention to prevent exposure of staff /patients to infectious agents including blood and body fluids and cross contamination.	Director of Infection Prevention and Control/Director of Nursing and Midwifery	Infection Prevention Nurse	29.4.2016
IP13	Outbreak of Communicable Infection/Infection Prevention/Serious Incident Policy	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 of Infection Prevention and Control	Infection Prevention	27.11.2015
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	Lead Infection Prevention Nurse	Jun-15
IP17	Wolverhampton Prevention and Control of Tuberculosis [TB] Policy	• Guidelines regarding diagnosing TB and its treatment • Treatment for latent TB • Contact tracing and screening in hospital and in the community • Infection prevention precautions with appropriate PPE • New entrant screening • BCG vaccination program • Pre=employment screening • Screening of vulnerable individuals for TB	Chief Nurse	Consultant in Respiratory Medicine and Lead TB Nurse	Apr-15
IP19	Blood and Body Fluid Spillage Management	Occupational exposure to blood and/or body fluids, secretions and excretions through spillages poses a potential risk of infection, particularly to those who may be exposed while providing health care This policy provides guidance on the management of blood and/or body fluid spillage.	Director of Infection Prevention and Control / Director of Nursing and Midwifery	Lead Nurse Infection Prevention	28.8.2015
IP20	Urinary Catheter Policy	Health and Safety Prevention of Infection.	Chief Nurse	Chief Nurse	21.08.2015

IP21	Control and Management of Transmissible Spongiform Encephalopathies including Creutzfeld Jacob Disease (CJD)	Health and Safety. Prevention of Infection	Chief Nurse	Infection Prevention	6.12.2016
MP01	Medicines Policy	To ensure that all patients have full medicines reconciliation done as soon as possible after admission to hospital	Chief Nursing Officer	Clinical Director of Pharmacy	30.12.2014
MP02	Unlicensed Medicines Policy	The main purpose is to address the risk associated with the use of unlicensed and off label medicines, which takes into account the clinical risk as well as risk due to the quality of the product provided. This ensures that patient safety is not compromised and allows appropriate treatment to take place.	Medical Director	Assistant Director of Pharmacy	25.7.2016
MP04	Shared care agreement policy	The main purpose is to make sure that there is a shared care agreement in place for every drug where this is required. The policy outlines the responsibility of specialist, general practitioner and patient. The safe use of shared care agreements ensures that patient safety is not compromised and allows appropriate treatment to take place.	Medical Director	Assistant Director of Pharmacy	22.3.2017
OP01	Development and Control of Trust Policy and Procedural Documents	This policy covers the requirements for This policy sets out the framework and process used by The Royal Wolverhampton NHS Trust for the development and review of Trust policy and procedural documents.	Chief Nursing Officer	Compliance Manager	2.3.2015
OP07	Health Records Policy	To provide all Trust staff with robust protocols and procedures to support the management of patient records both in paper and electronic form.	Chief Finance Officer	Head of Patient Access Services	Jan-17

OP08	Complaints Management Policy	To obtain views of service users and enable them to raise concerns.	Chief Nurse	Head of Patient Experience and Public Involvement	3.2.2016
OP26	Security Policy	This Policy covers aspects of Security on Trust Premises.	Chief Operating Officer	Security Manager	26.9.2016
OP29	Non Urgent Transfer of Patients	Process to follow when dealing with the booking of Patient Transport Services.	Chief Operating Officer	Patient Services Manager	17.6.2015
OP39	Patient Access Policy	To provide all Trust staff with robust protocols and procedures to effectively manage access to clinical services within the Trust.	Chief Finance Officer	Head of Patient Access Services	Mar-17
OP47	Communicating with Patients/Interpreting Service Policy and Procedure	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 d/Deaf and deaf/blind and patients with learning disabilities.	Chief Nurse	Head of Patient Experience and Public Involvement	3.2.2016
OP62	Breaking bad news	To provide guidance regarding the delivery of bad news to patients and their families.	Chief Nurse	Lead Nurse for Palliative Care	25.03.2015
OP67	Escort Policy	To ensure safe transfer of patients between wards and departments.	Chief Nurse	Matron Division 2	18.9.2015
OP68	Volunteer Policy	This policy provides a framework for how volunteers in the Trust are recruited, trained and supported, applying a consistent approach across the broad spectrum of volunteer opportunities within the Trust.	Chief Nurse	Patient Experience Team	12.10.2015

OP14	Catering Policy	Introduction of a single policy incorporating OP14 Food Hygiene Policy OP71 Hospitality Policy Food and Drink Strategy This Policy determines the overall procedures and objectives of The Royal Wolverhampton Hospitals NHS Trust with regards to Food Safety Procurement of food and beverage Ordering and delivery of hospitality functions for all food and beverage produced and delivered by the Trust Catering department within all of the Trusts buildings	Divisional Manager – Estates and Facilities	Hotel Services	26.2.2016
OP71	Hospitality Policy	This Policy determines the overall procedures and objectives of The Royal Wolverhampton Hospitals NHS Trust with regards to purchasing and delivering hospitality functions for food and beverage within all of the Trusts Buildings.	Divisional Manager – Estates & Facilities		26.11.2015
OP73	Undertaking an Equality Analysis (EA)	To ensure that an Equality Analysis [EA] is employed to determine the impact (or likely impact) of proposed or existing functions/policies to see if there is a differential impact upon certain people or groups of people in relation to one or more of the Personal Protected Characteristics (PPC), and if so, whether the impact can be justified. EA will also help demonstrate that the Trust has shown due regard to the Public Sector Equality Duty by considering the impact of our functions and policies in decision making and activities.	Chief Nurse	Head of Patient Experience and Public Involvement	18.5.2016
OP64	Implementation and Review of National Guidance and National Confidential Enquiries	To ensure that the Trust has a robust and effective process for the Implementation of National Guidance including National Confidential Enquiries/ Inquiries.	Medical Director	Medical Director	30.01.2015

N/A	Patient Engagement and Public Involvement Strategy	To put in place mechanism to ensure the Trust engages with the local population, stakeholders, partners. True engagement will enable the Trust to identify areas for improvement and put in place actions to remedy these. All people, but especially people from 'harder to reach group' or seldom heard groups should benefit as they can have their say on the way the Trust develops. Engagement not only helps to identify gaps, but it can help to meet relevant legislation and mandatory requirements such as the Equality Act 2010, the Equality Delivery System, CQC requirements, Human Rights Act etc. In the long run, engagement should help the Trust in moving forward as an employer of choice and an excellent service provider. It may also save resources by sharing the knowledge and expertise of a range of diverse people.	Chief Nurse	Head of Patient Experience and Public Involvement	5.2.2016
OP87	Mortality Review Policy	Eliminate avoidable mortality and improve care (organisational and clinical) by identifying problems and then correcting them to improve the safety of care for patients.	Medical Director	Medical Director	1.9.2015
OP89	Death Certification Policy	To provide consistency, timeliness and accuracy of Death Certification.	Medical Director	Compliance Manager	12.8.2016
OP94	Implementation of Protected Mealtimes	To improve the meal time experience for patients.	Chief Nurse	Lead Matron for Nutrition	26.2.2016
OP95	Introduction of New Clinical Techniques and Interventional Procedures	This policy describes the review and approval process to be applied by all staff prior to the introduction of a new clinical technique or interventional procedure into practice.	Medical Director	Head of Governance and Legal Services	20.11.2015
N/A	Business Continuity Management Policy	To set out a clear Business Continuity Management process which sets out the identification, management, responsibilities and mitigation of particular risks to deliver essential services in the event of a severe disruption/emergency situation.	Director of Planning and Contracting	Head of Emergency Planning and Business Continuity	25.3.2015

OP92	Clinical Coding Policy	This Policy is designed to ensure that the importance of Clinical Coding to the Royal Wolverhampton NHS Trust is disseminated to appropriate staff. It will describe the meaning of Clinical Coding, who is responsible for its maintenance and how it will continue to improve in the future.	Chief Finance Officer	Chief Finance Officer	14.8.2015
OP91	Data Quality Policy	This Policy is designed to ensure that the importance of Data Quality Policy to the Royal Wolverhampton NHS Trust is disseminated to appropriate staff. It will describe the meaning of Data Quality, who is responsible for its maintenance and how it will continue to improve in the future.	Chief Finance Officer	Chief Finance Officer	14.8.2015
CP60	Management of Pleural Diseases	To ensure the highest standard of care for patients with Pleural Diseases.	Medical Director	Respiratory Medicine	04.09.2015
N/A	Information Governance Strategy	Information Governance (IG) has four fundamental aims: a) To support the provision of high quality care by promoting the effective and appropriate use of information. b) To embed the requirements of information governance across the Trust in particularly in key corporate areas (e.g. Data Quality, Procurement, Transformation, ICT, Health Records, Information Services, Human Resources, Contracting) to work closely together, preventing duplication of effort and enabling more efficient use of resources and the ability to support and guide clinical services. c) To develop support arrangements by embedding and provide staff with appropriate tools and support to enable them to carry out their responsibilities to consistently high standards. d) To enable the Trust to understand its IG risk profile and performance and manage improvement in a systematic and effective way.	Medical Director	Governance and legal services	1.10.2015

N/A	**Car Parking Protocol/Procedure and Full Business Case (FBC) for Automatic Number Plate Recognition (ANPR) System**	To ensure the current number of dedicated Blue Badge spaces is maintained. To provide dedicated Blue Badge Parking in several strategic locations around the Hospital.	Chief Executive	Estates & Facilities Division, Commercial Services	Received Jan 2017
CP61	**Management of the Deteriorating Patient**	To provide a clear framework for a coordinated approach to identifying any deterioration in patients and the subsequent actions that aim to reverse this deterioration.	Chief Nursing Officer	Critical Care Services Directorate	23.12.2016
MP05	**Antimicrobial Policy**	Ensure safe, effective prescribing of antimicrobials at RWT.	Medical Director	Medical Director	2.6.2015
N/A	**New Urgent and Emergency Care Centre (UECC) – interior design**	Ensure people with protected personnel characteristics (PPC) are considered when developing the UECC.	Medical Director	Emergency Services	20.4.2015
N/A	**Risk Management Assurance Strategy**	The strategy outlines the framework for delivery risk management internal controls and assurance. It includes: • The committee reporting structure • key roles and responsibilities for Risk management Assurance • Trust risk management and assurance process	Chief Nurse	Head of Governance and Legal Services	2.3.2015
N/A	**Transfer of Cardiology Services operating at CCH to RWT on 1 April 2015**	Smooth transition of services as staff TUPE across from UHNM to RWT on 1 April 2015.	Medical Director	Group Manager Cardiology/Cardiothoracic Services	27.3.2015

N/A	RWT Charity Fundraising Strategy	The overarching objective of the Fundraising Strategy is to:-Provide a strategic vision that details how specific approaches to fundraising will enhance and increase the positive impact The Royal Wolverhampton NHS Trust Charity has on its patients and staff. Provide a Trust Wide framework to ensure the Charity is fit for purpose and is flexible enough to develop its activities in line with Charitable Fund purposes set out in the governing documents. Propose a performance management process to include involvement of stakeholders, promote efficiency and define and monitor reporting mechanisms. Ensuring resources are managed and used so as to optimise potential. Resources include finance skills, knowledge, experience and assets. Appropriate methods of controlling costs and generating new funds will be determined. Establish clear lines of accountability and relationships within and outside the Trust in respect of Charitable Funds, to include a review of the Strategy itself.	Director of Planning and Contracting	Fundraising Coordinator	24.8.2015
N/A	Health and Safety Strategy	Management of Health and Safety Implementation.	Chief Nurse	Chief Nurse	7.8.2015
	Domestic Violence	To ensure that all staff have clear guidance on responding to victims of domestic violence.	Chief Nurse	Head of Safeguarding	1.10.2015

N/A	Information Governance Strategy	Information Governance (IG) has four fundamental aims: a) To support the provision of high quality care by promoting the effective and appropriate use of information. b) To embed the requirements of information governance across the Trust as business as usual in particularly in key corporate areas (e.g. Data Quality, Procurement, Transformation, ICT, Health Records, Information Services, Human Resources, Contracting) to work closely together, preventing duplication of effort and enabling more efficient use of resources and the ability to support and guide clinical services. c) To develop support arrangements by embedding Information Governance into practice, and provide staff with appropriate tools and support to enable them to carry out their responsibilities to consistently high standards. d) To identify the IG risk profile, monitor IG risk and performance and manage improvement in a systematic and effective way.	Medical Director	Governance and Legal Services	3.3.2016
N/A	Tissue Viability Strategy For Health and Social Care	To have a strategic approach to preventing and healing wounds.	Chief Nurse	Tissue Viability	28.4.2016
	Policy for the care of the patient requiring enhanced care	This policy has been developed to facilitate the assessment of all patients who may require close observation to ensure patient safety is maintained	Deputy Chief Nurse	Matron Rehabilitation and Ambulatory Care	29.9.2016
OP103	Electronic Rostering Policy	To define the standards for roster practice within the Trust and the role and responsibilities of all staff in the delivery of safe, equitable and cost effective rosters. To also ensure compliance with NHS Terms and Conditions, European Working Time Directive (EWTD) and related Trust policies.	Associate Chief Nurse	E-Roster Manager, Human Resources	25.11.2016
	Non-Medical prescribing policy	To Identify the organisational systems required to support non-medical prescribing in RWT.	Director of Nursing and Midwifery	Advanced Nurse Practitioner	26.01.2017

	Prevention, Diagnosis and Management of Delirium in Older People	To Improve the Prevention, Diagnosis and management of adult patients with delirium within the trust. To provide standardised policy guidance to which appraisal of current practice can be measured. To provide standards guidance for difficult aspects of car of patients with delirium such as agitation and sedation.	Medical Director	Consultant Physician and Senior Clinical Fellow	23.1.2017
N/A	The Way Forward	A strategy for Nurses, Midwives and Health Visitors [NMHVs] to build a managed environment for research in partnership with care staff, allied health professionals, University of Wolverhampton Faculty of Education, Health and Wellbeing, Institute of Health Professions and the Institute of Academic Medicine.	Professor of Clinical Practice and Innovation	Nursing and Quality	24.2.0217
N/A	Stepping up for Research Part 1 & 2	A research strategy for health professionals working in the caring sciences.	Professor of Clinical Practice and Innovation	Nursing and Quality	29.3.2017