

Uniform and Dress Code Policy

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Name of responsible committee/individual:	Employment Policy Group JCNC
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Lincolnshire Community Health Services NHS Trust

Version Control Sheet

Uniform and Dress Code Policy

Version	Section/Para / Appendix	Description of Amendments	Date	Author/Amended by
1 1.1	Entire document	New Policy Review date extended to 31 March 2011 to coincide with NHSL/LCHS changes	September 2008 8 December 2010	SM Sheila Manning
2	Entire Document	Amended all references to NHS Lincolnshire to Lincolnshire Community Health Services NHS Trust Updated policy titles where required and Alignment, font colour, footer – removed “putting you at the heart of everything you do”	Aug 2014	Rachel Madge / Lenore Couchman
2.1		Extension agreed	Dec 16	Corporate Assurance Team
2.2		Extension agreed	Mar 17	Corporate Assurance Team
2.3		Extension Agreed	Sept 17	Corporate Assurance Team
2.4		Extension Agreed	Feb 18	Corporate Assurance Team
3				
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Lincolnshire Community Health Services NHS Trust

Uniform and Dress Code Policy

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Policy Statement

Uniform and Dress code Policy

Background	<p>The Organisation considers 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.</p> <p>The purpose of a dress code is to ensure a common approach to issues relating to dress. It is expected that staff appear smart and professional whilst supporting Health and Safety regulations pertaining to infection control and manual handling regulations. Evidence based guidance and Equality Impact Assessment from Department of Health have been used in developing this policy.</p>
Statement	<p>This policy sets out the expectations of Lincolnshire Community Health Services NHS Trust (LCHS) in relation to its corporate dress code, standards of appearance and the wearing of uniforms. It is applicable to all LCHS employees and workers</p>
Responsibilities	<p>Compliance with the policy will be the responsibility of all LCHS staff. Managers are responsible for monitoring the application of the policy.</p>
Training	<p>Control of Infection Manual handling H&S training Induction (local and corporate)</p>
Dissemination	<p>Website</p>
Resource Implication	<p>Adequate uniform budgets are required to enable a clean uniform to be worn everyday by clinical staff.</p> <p>Mufti Allowance for clinical staff where uniforms are not provided because of the requirements of the service</p>

Uniform and Dress Code Policy

1. Introduction

This policy sets out the expectations of Lincolnshire Community Health Services NHS Trust (LCHS) in relation to its corporate dress code, standards of appearance and the wearing of uniforms. It is applicable to all LCHS employees.

The Organisation recognises the diversity of cultures and religions, takes into account the needs of workers with disabilities, and will take a sensitive approach when these affect dress and uniform requirements. The Employment Equality (Religion or Belief) Regulations mean that it is unlawful to discriminate against individuals because of their religion, religious belief or similar philosophical belief however priority will be given to Health and Safety, Infection Control, Manual Handling and all other relevant legislation. (see section 14 – Religious or other considerations).

The Organisation considers 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. To encourage public trust and confidence employees are expected to project a professional image by complying with the uniform and dress code policy.

The purpose of a dress code is to ensure a common approach to issues relating to dress. It is expected that staff appear smart and professional whilst adhering to Health and Safety regulations pertaining to infection control, manual handling regulations and other risks.

This policy applies to all staff, including outside contractors, agency workers and students when working within the Organisation. This policy has been compiled in conjunction with the LCHS Infection Prevention Policy, the Manual Handling Policy and the Promoting Equality, Valuing Diversity and Protecting Human Rights Policy.

This policy is not designed to be an exhaustive list in defining acceptable and unacceptable standards of dress and/or appearance however staff must adhere to the principles underpinning the policy.

2. Responsibilities

Managers have a responsibility for ensuring the policy is adhered to at all times in respect of the employees they manage to ensure dissemination and enforcement of the policy. The policy is to be covered in the worker's induction and compliance is to be continuously monitored. The **Health and Safety at work Act (1974) and Management of Health and Safety At work (1999a)** directs employers to ensure the safety of staff, service users and members of the public, to carry out risk assessments and ensure arrangements are in place for effective planning, organisation, control, monitoring and review of protective measures.

The general duty to protect workers extends to the type of uniform worn and the decision as to whether a uniform is actually needed.

Employees have a corporate duty to comply with the Uniform and Dress Code Policy, to report any relevant issues and to project a professional image encouraging public trust and confidence and contribute to the corporate image.

According to **section 7 of the Health and Safety at Work Act 1974**, workers have an individual responsibility to take reasonable care for the Health and Safety of themselves and of other persons who may be affected by their actions or omissions at work.

3. General Principles of Dress Code for all NHS Lincolnshire Staff

To contribute to identification for security purposes (incorporating an ID card or identifying corporate style) and project a professional image to encourage public trust and confidence.

To minimise cross infection risks.

To ensure that dress at work is smart, safe, comfortable, practical and suitable for the tasks being performed and to the employee's role and environment, also contributing to the professional corporate image that LCHS wishes to present.

To ensure that uniforms are designed with a client group in mind, reflecting the type of work to be undertaken.

Risk Assessment:

Risk assessments should be regularly undertaken to ensure that clothing or uniform provided for staff allows unrestricted movement at the shoulder, waist and hips. If moving and handling is undertaken trousers, or culottes should be worn, tops can be shirts, tunics or polo tops, all in colours and style agreed by The Trust.

Care should be taken with all items of equipment - shredders in particular are potentially dangerous as long hair, ties or scarves can get caught up in them.

Protective Clothing and Equipment:

LCHS provides staff with appropriate personal protective equipment as outlined in the PPE Health and Safety legislation and Infection Prevention Policy and each manager must ensure that this equipment is available to the employee.

Staff in roles which require protective clothing are required to wear this whilst carrying out their duties in accordance with health and safety requirements. If employees are unsure about such requirements they should discuss this with their manager.

Footwear:

Staff must be aware that open toed shoes, loose fitting sandals, clog type (backless) shoes, and stilettos can contribute to slips, trips and falls and should be avoided particularly in areas which have stairs, and that suede fabric shoes are a health and safety risk if soiled by bodily fluids.

Staff working in clinical areas or who are dealing with moving and handling of loads must wear enclosed supportive footwear with a soft non-slip sole and a heel of no more than 4 centimetres (1.5 inches).

Body Art, Piercing and Jewellery:

Visible tattoos are to be discouraged and where present should not be offensive to others. Where they are deemed to be offensive they should be appropriately covered.

Jewellery worn by staff, including piercings should be discreet, appropriate, not cause offence or be a health and safety hazard to themselves or others. Any items of jewellery that creates the potential for harm must be covered or removed during working hours. Facial rings or piercings with sharp edges can be a hazard as they could get caught during moving and handling of any object.

Identity Cards and Professional Badges:

All workers will be issued with an LCHS identity card which must be worn in a visible place by all staff at all times when on duty.

Clinical staff should wear ID cards on or in the pocket below waist level. One other appropriate badge may be worn (e.g. professional qualification badge or TU badge). The LCHS identity card should not be worn during off-duty periods e.g. whilst shopping.

Both cards and badges should be cleansed on a regular basis. A weekly timescale is advisable as well as immediately should there be any spillages or obvious dirt on them. The materials which should be used to do this are detergent wipes or detergent and water. Alcohol wipes are not advised as they are not a 'pure' cleansing wipe and surfaces have to be clean already to have an advantageous effect.

As recommended by LCHS security specialist the Organisation has decided that it will no longer use the magnetic lapel name badges.

4. Uniform – Clinical Staff

See Appendix 1 - Procurement and Laundering of Uniforms.

A Specialist Nurse may use discretion in relation to the clinical aspects of their role and decide whether the wearing of uniform is appropriate to their specialty in accordance with the risk assessment process.

Uniforms:

Any uniform worn must be fit for purpose. Wearer comfort is key, especially if work is being undertaken in a warm environment.

Clinical staff issued with a uniform, will be expected to wear an LCHS issued uniform which denotes their role when providing clinical care/treatment. Trousers (or culottes for female staff) and tops of the correct design are best for moving and handling. Exceptions may be sought in certain circumstances e.g pregnancy, specific medical conditions when advice should be sought from Occupational Health (Team Prevent). Any deviation from the policy must be discussed and agreed by the appropriate Head of Department and supported by a full risk assessment involving the Infection Control and Back Care Teams. This will also apply to any requests based on religious or cultural requirements or reasonable adjustments needed due to any type of disability. Issued cardigans and coats must be removed before giving clinical care.

In clinical settings it is best practice to wear a clean uniform for each shift.

The uniform should be worn in a clean and presentable fashion (all staff must have a spare uniform with them in case one becomes soiled during their shift.)

Managers have a responsibility to provide staff with adequate changing facilities and where this is so, uniforms must not be worn outside the work environment. The exception to this rule is where community based staff do not have easy access to changing facilities.

Fingernails:

These should be short and clean so as not to cause trauma. Nail varnish and false nail extensions are not permitted for clinical staff.

Hair:

Hair should be neat and tidy at all times and due regard taken to health and safety issues (e.g shredders are potentially dangerous). Workers in clinical roles should ensure that hair that is longer than collar length is worn up and secured with a suitable fastening.

Jewellery:

For clinical staff no jewellery should be worn, with the exception of one pair of stud earrings and a plain metal ring. Examples of inappropriate jewellery include wrist watches, dangling earrings, necklaces and bracelets. Where the staff member has piercings, with the exception of one pair of stud ear-rings, all others must be removed or covered before coming on duty.

Belts and Buckles:

Belts and buckles will not be worn for the following reasons:-

- a) An infection control point of view - belts and buckles are difficult to clean and require the use of brushes. This is time consuming and inevitably does not happen. Hence these items are not cleansed and may become a vector of cross infection.
- b) A health and safety risk - they are potentially dangerous and may cause injury to patients during moving and handling.

Where it is unavoidable to wear a belt a tunic or disposable apron should be worn over the belt.

5. Operating

Theatre Clothing

Theatre staff should wear well-fitting dedicated operating theatre footwear. These must be thoroughly cleaned on a regular basis, especially when contaminated with body fluids. The theatre manager should ensure local procedures are in place so that these procedures can be implemented.

Scrubs should only be worn in the designated area. If it is necessary for them to be worn out of the designated area during an emergency they should be covered. When returning to the theatre a clean pair of scrubs must be used.

When appropriate, face masks must be worn in the operating suite. They should completely cover the nose and mouth of the wearer. Masks should be disposed of and put in to clinical waste after each case. They should not be worn around the neck. Masks are only to be handled when putting on or removing and should only be touched on the ties. Hands must be thoroughly washed after removing the mask.

Disposable hats are to be worn so that the hair is entirely covered when in the operating theatre. These should be changed at least daily. They should be changed if they become contaminated with body fluids. Beards should be covered with a hood.

Protective equipment such as eyewear with visors, gloves and aprons must be readily available, and used, in the theatre suites.

Theatre gowns should be used to protect both the patient and the staff member.

6. Non-Uniform – Clinical Staff

Acceptable items of clothing:

Skirts, trousers, culottes, blouses, smart T-shirts, jumpers, jackets, dresses, business suits and shirts and are all acceptable.

Non-uniform staff may at times have to perform hazardous handling tasks and therefore need to dress appropriately e.g. office moves, handling of stationery supplies etc. on these occasions trousers rather than skirts are recommended so that correct handling techniques can be used especially when manoeuvring and raising objects from floor level.

In accordance with the risk assessment process and where clothing is likely to be contaminated it must be durable enough to withstand a washing at a temperature of at least 60 degrees. A ten minute wash at 60C removes most micro-organisms, the only organisms remaining could be a small number (less than 10%) of C Difficile which microbiologists advise is not a cause for concern. However if detergents are used many organisms are removed at low temperatures. MRSA is completely removed on a 30C wash. (Reference - Uniforms and Work-wear - An Evidence base for developing local policy, Department Of Health)

Unacceptable Items of Clothing:

Jeans, shorts, lycra cycling shorts or leggings, flip-flops, baseball caps, mini-skirts, transparent or see through tops, low cut tops or trousers which reveal the midriff, clothing bearing inappropriate slogans/logos, holes, tears, rips, excessive decoration on pockets, zips and flaps.

Fingernails:

These should be short and clean so as not to cause trauma.

Nail varnish and false nail extensions are not permitted for clinical staff, or those handling food.

Hair:

Hair should be neat and tidy at all times and due regard taken to health and safety issues (e.g. shredders are potentially dangerous). Workers in clinical roles should ensure that hair that is longer than collar length is worn up and secured with a suitable fastening.

Pockets:

Care must be taken with items stored in pockets, especially breast pockets to ensure the safety of staff and patients. Sharp or dangling objects must not be worn if the employee will come into physical contact with patients/clients.

7. Non-Uniform Non-Clinical Staff**Acceptable Items of Clothing:**

Skirts, trousers, culottes, blouses, smart T-shirts, jumpers, jackets, dresses, business suits, and shirts are all acceptable.

Non-uniform staff may at times have to perform hazardous handling tasks and therefore need to dress appropriately e.g. office moves, handling of stationery supplies etc. on these occasions trousers rather than skirts are recommended so that correct handling techniques can be used especially when lifting objects from floor level.

Unacceptable Items of Clothing:

Jeans, shorts, lycra cycling shorts or leggings, flip-flops, baseball caps, mini-skirts, transparent or see through tops, low cut tops or trousers which reveal the midriff, clothing bearing inappropriate slogans/logos, holes, tears, rips, excessive decoration on pockets, zips and flaps.

Fingernails:

Nail varnish and false nails extensions are not permitted for staff who handle food.

Hair:

Hair should be neat and tidy at all times and due regard taken to health and safety issues (e.g shredders are potentially dangerous).

8. Uniform Non-Clinical Staff

Any uniform worn must be fit for purpose and approved by the relevant directorate. Wearer comfort is key, especially if work is being undertaken in a warm environment.

Non – clinical staff who wear uniforms e.g administration, porters, caretakers, domestic staff, catering staff will be issued with the correct clothing and appropriate Personal Protective Equipment (PPE) e.g footwear and gloves. These should be worn in accordance with the appropriate local risk assessments for these groups of staff.

Fingernails:

Nail varnish and false nails extensions are not permitted for those who handle food.

Hair:

Hair should be neat and tidy at all times and due regard taken to health and safety issues (e.g shredders are potentially dangerous).

9. Changes in Uniform or Introduction of New Uniforms

All changes in uniform style or colour or the introduction of a new uniform must be approved by LCHS Health and Safety Committee and Policy Groups as appropriate with advice from Infection Control and Back-Care Teams.

10. Students

Practice placement providers and universities must include a sufficient number of uniforms provided at no cost to the nursing student.

11. Bank and Agency Workers

Bank and agency workers must be aware of, and comply with, the specific uniform policy in place at each location they work.

12. Locker/Changing Areas

Managers have a responsibility to ensure locker rooms are available wherever possible and to ensure:-

- Adequate sized lockers with sufficient space to enable changing to take place.
- Access to limited personnel only
- Lockers are secure and lockable.
- Locker room is on a regular schedule of cleaning.

- Showers and hand wash basins are available in event of contamination of uniforms/skin,
- Hand washing takes place prior to putting on uniform.

13. Travelling in Uniform

Where employees have to travel in uniform the following principles should be adhered to:

- Clean uniform daily
- Going directly to and from work at the beginning/end of the shift.
- Covering the uniform with a coat/cardigan
- Taking uniform off as soon as returned home, not petting animals whilst wearing uniform
- Following recommended laundry guidance and storage of clean uniforms at home.

14. Religious or Other Considerations

The Employment Equality (Religion or Belief) Regulations mean that it is unlawful to discriminate against individuals because of their religion, religious belief or similar philosophical belief. LCHS values the diversity of its staff and aims to create an environment

where the beliefs of all, whether cultural, religious, non-religious or philosophical are respected.

The Organisation welcomes the variety of appearance brought by individual styles and choices. The wearing of items arising from particular religious/cultural norms (e.g saris, turbans, skullcaps, niqaab, kippahs and clerical collars) is seen as part of this welcome diversity. However the health and safety of staff and service users must take precedence and risk assessments should be carried out where necessary.

There is clear evidence that hand hygiene is compromised by hand and wrist jewellery, and by clothing that prevents the wrists being included in hand hygiene. There is also evidence that cuffs become heavily contaminated. (Reference - Equality Impact Assessment – Uniform Guidance – Department of Health)

Where staff are working directly in certain therapeutic environments with service users, the Organisation expects that veils which cover the face will not be worn. This is a justifiable expectation, based on evidence of the importance of non-verbal communication (and in particular facial expression) in the development of a trusting and therapeutic environment.

If there are any concerns or questions relating to these types of issues, employees and / or line managers are advised to contact the HR department for advice.

15. Monitoring and Review

Managers are responsible for monitoring the policy and should use the Template for Monitoring Standard Code (Appendix 2) as an audit tool. An example of a completed form is attached in Appendix 3.

16. Training and Education

It is the responsibility of the manager to ensure that all staff are aware, and educated in accordance with this policy. Uniforms are high on the government's agenda and formal education should be part of the induction process/checklist for all new staff on appointment.

17. Breach of Policy

Failure to adhere to the policy will constitute misconduct and may result in formal disciplinary proceedings as per the Organisation's Disciplinary Policy and procedures.

18. Relevant National Guidance and Legislation

Workplace (Health and Safety and Welfare) Regulations, 1992

Changing facilities, including lockers and showers, should be provided so that clinicians do not have to travel from home to work in their uniforms.

Personal Protective Equipment (PPE) at Work Regulations (1992).

The Provision and Use of Work Equipment Regulations (1998) directs the employer to consider further safety devices, above the PPE in place.

Manual Handling Operations Regulations, 1992

This guidance states that clothing should form a part of the assessment process.

The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH). Further information about COSHH and its applicability to infection control can be found at www.hse.gov.uk/biosafety/healthcare.htm

Department of Health (2004) Standards for better health Securing Health

Together www.hse.gov.uk Health Act 2006 Code of Practice, Duty 4

RCN Wipe it Out – Campaign on MRSA - Guidance on Uniforms and Workwear

DH Uniforms and Workwear – Guidance on uniform and workwear policies for NHS employers

DH Equality Impact Assessment – Uniforms and Workwear - reviewed February 2008

19. Equality and Diversity

This policy aims to meet the requirements of the Equality Act 2010 and ensure that no employee or patient receives less favourable treatment on the grounds of gender, sexual orientation, transgender, civil partnership/marital status, appearance, race, nationality, ethnic or national origins, religion/belief or no religion/belief, disability, age, carer, pregnancy or maternity, social status or trade union membership.

Appendix 1 PROCUREMENT AND LAUNDERING OF UNIFORMS

Uniforms purchased must fit in with the uniform and laundering requirements.

National Health Service Executive (1995) Hospital Laundry Arrangements for used and infected linen: HSG (95) 18

Hospital Laundries are much more effective than a home washing machine as they use thermal disinfection to remove pathogens and reliably reduce the “bio burden” (number of organisms) to a safe limit.

Hospital laundries must ensure that:-

Thermal disinfection temperatures are achieved and monitored electronically

Washing machines are maintained and calibrated regularly

Quality control mechanisms are in place

Separation of soiled and clean linen is achieved

Where no laundry facilities exist:-

- Sufficient uniforms will be provided to enable freshly laundered clothing to be worn for each shift or work session.
- Fabric will be capable of withstanding water temperatures of at least 60°C.
- Uniforms should be washed separately from other items, in a washing machine at 60-70 centigrade
- Uniforms should be washed in laundry detergent in the quantities advised by the manufacturer
- Best practice is to dry uniforms quickly, or tumble dry, and iron
- Uniforms should be stored in a plastic bag, to prevent contamination with dust or debris
- A spare uniform should be carried or easily accessible if staff clothing items become contaminated (for example, splashed with blood and/or body fluids).
- There must be access to a laundry disinfection service for visibly/excessively contaminated uniforms or agreement about safe alternative arrangements (for example the disposal and replacement of contaminated items). In these instances the Infection Control Department should be contacted for advice on decontamination.

NB – There is no conclusive evidence of a difference in effectiveness between commercial and domestic laundering in removing micro-organisms. (Reference – DH Uniforms and Workwear – An evidence base for developing local policy.)

**Appendix 2
Template for Monitoring Standard Code**

It may be possible to claim tax relief in respect of laundry costs by contacting the Inland Revenue. If employees require more information they should contact their union representative or RCN Direct.

This form will be completed per departmental / group area and will be used by the manager as an audit tool to monitor compliance with policy. Additions can be made as needed.

AREA	
Obtain uniforms from:-	

FEMALE STAFF

GRADE	EPAULETTES	DRESS/TUNIC	TROUSERS

MALE STAFF

GRADE	EPAULETTES	DRESS/TUNIC	TROUSERS

ACCESSORIES

JEWELLERY and IDENTIFICATION

HAIR/ MAKEUP, BEARDS

LAUNDERING GUIDANCE

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CESSATION OF POST

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Appendix 3

Example of completed template for monitoring standard code

AREA	
Obtain Uniforms from	Source, times etc

FEMALE STAFF

GRADE	EPAULETTES	DRESS/TUNIC	TROUSERS
5	e.g n/a	e.g White dress / White tunic	e.g optional black
6			
7	e.g Dark Blue	e.g Dark Blue Dress	e.g n/a

MALE STAFF

GRADE	EPAULETTES	DRESS/TUNIC	TROUSERS
6	e.g Brown	e.g White	e.g Black

ACCESSORIES

Tights/stockings	e.g preferred colour neutral
Socks	e.g preferred grey/black
Shoes	e.g leather, laced, fully enclosed
Cardigans	e.g blue corporate cardigan
Coats	e.g corporate coat OR own dark colour

JEWELLERY and IDENTIFICATION

Rings	e.g wedding band ring only
Earrings	e.g stud earrings only
Watches	e.g fob/pocket watch
Other jewellery	e.g not required. Body jewellery to be covered
Identification badges	e.g standard photo card
Professional badges	e.g one professional badge

HAIR, MAKEUP, BEARDS

Hair	e.g smart, tied up of collar
Make Up	e.g acceptable to a minimum
Beards	e.g trimmed

Laundering guidance	e.g use of lockers and local laundry OR as stated in the policy
Cessation of post	e.g upon cessation of post cleaned uniforms to be returned to _____

Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Completion of Monitoring Standard Code to measure compliance with policy	Audit	Line Managers	Annual	Policy Group	Policy Group	Policy Group

Equality Analysis

Name of Policy/Procedure/Function* Uniform and Dress Code Policy

**Equality Analysis Carried out by: Rachel Madge, HR
Business Partner**

Date: September 2014

Equality & Human rights Lead:

**Director\General Manager: Maz Fosh, Director of
Workforce and Transformation**

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This policy sets out the expectations of Lincolnshire Community Health Services NHS Trust (LCHS) in relation to its corporate dress code, standards of appearance and the wearing of uniforms. It is applicable to all LCHS employees and workers		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	The policy will affect all Trust staff, agency/temporary and bank workers included		
C.	Is there any evidence that the policy/service relates to an area with known inequalities? Please give details	The policy details guidance in relation to religious or other considerations including employees who may have a disability and / or pregnancy		
D.	Will/Does the implementation of the policy/service result in different impacts for protected characteristics?	As above the policy includes specific guidance in relation to religious and other considerations in respect of uniform and dress code		
		Yes	No	
	Disability		Y	
	Sexual Orientation		N	
	Sex		N	
	Gender Reassignment		N	
	Race		N	
	Marriage/Civil Partnership		N	
	Maternity/Pregnancy		Y	
	Age		N	
	Religion or Belief		Y	
	Carers		N	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Rachel Madge		
Date:		September 2014		

Section 2

Equality analysis

Title: Uniform and Dress Code Policy
Relevant line in:

What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i> This policy sets out the expectations of Lincolnshire Community Health Services NHS Trust (LCHS) in relation to its corporate dress code, standards of appearance and the wearing of uniforms. It is applicable to all LCHS employees and workers
Who will be affected? <i>e.g. staff, patients, service users etc</i> The policy will affect all Trust staff, agency/temporary and bank workers included

Evidence <i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i>
What evidence have you considered? <i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i> All current legislation
Disability <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i> Clinical staff issued with a uniform, will be expected to wear an LCHS issued uniform which denotes their role when providing clinical care/treatment. Exceptions may be sought in certain circumstances e.g specific medical conditions when advice should be sought from Occupational Health (Team Prevent). Any deviation from the policy must be discussed and agreed by the appropriate Head of Department and supported by a full risk assessment involving the Infection Control and Back Care Teams. This will also apply to any requests based on reasonable adjustments needed due to any type of disability.
Sex <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i> None identified
Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers,</i>

<p>language barriers.</p> <p>None identified</p>
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p> <p>None identified</p>
<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p> <p>None identified</p>
<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p> <p>None identified</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p> <p>The Organisation welcomes the variety of appearance brought by individual styles and choices. The wearing of items arising from particular religious/cultural norms (e.g saris, turbans, skullcaps, niqaab, kippahs and clerical collars) is seen as part of this welcome diversity. However the health and safety of staff and service users must take precedence and risk assessments should be carried out where necessary.</p> <p>There is clear evidence that hand hygiene is compromised by hand and wrist jewellery, and by clothing that prevents the wrists being included in hand hygiene. There is also evidence that cuffs become heavily contaminated. (Reference - Equality Impact Assessment – Uniform Guidance – Department of Health)</p> <p>Where staff are working directly in certain therapeutic environments with service users, the Organisation expects that veils which cover the face will not be worn. This is a justifiable expectation, based on evidence of the importance of non-verbal communication (and in particular facial expression) in the development of a trusting and therapeutic environment.</p> <p>If there are any concerns or questions relating to these types of issues, employees and / or line managers are advised to contact the HR department for advice.</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p> <p>Clinical staff issued with a uniform, will be expected to wear an LCHS issued uniform which denotes their role when providing clinical care/treatment. Trousers (or culottes for female staff) and tops of the correct design are best for moving and handling. Exceptions may be sought in certain circumstances e.g pregnancy when advice should be sought from Occupational Health (Team Prevent). Any deviation from the policy must be discussed and agreed by the appropriate Head of Department and supported by a full risk assessment involving the Infection Control and Back Care Teams.</p>

<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p> <p>None identified</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p> <p>None identified</p>

<p>• Engagement and involvement</p> <p>Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)</p> <p>N/A</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p> <p>Consultation via human resource colleagues and staff side representation</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>Individual feedback</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>Circulated via email and discussed as agenda item during Trust Policy Group</p>

<p>Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.</p> <p>No negative feedback</p> <p>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.</p>
<p>Eliminate discrimination, harassment and victimisation Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).</p> <p>No evidence</p>
<p>Advance equality of opportunity Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).</p> <p>No evidence</p>

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

No evidence

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

No evidence

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

No evidence

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

No evidence. Any developments/improvement required will be overseen by the Employment Policy Group.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

● **For the record**

Name of person who carried out this assessment:

Rachel Madge, HR Business Partner

Date assessment completed:

September 2014

Name of responsible Director/ General Manager: Maz Fosh, Director of Workforce and Transformation
Date assessment was signed: