

# Uniform and Dress Code Policy

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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”  Added the E&D statement	Aug 2014	Rachel Madge / Lenore Couchman
2.1		Extension agreed	Dec 16	Corporate Assurance
2.2		Extension agreed	Mar 17	Corporate Assurance
2.3		Extension Agreed	Sept 17	Corporate Assurance
3	Entire document	Updated to reflect new uniform for LCHS. Revised E&D statement. Revised appendices to include pictorial new uniform chart	DEC 2017	Deputy Director of Nursing
4	Entire document	Updated	March 2019	Tracey Langley
5	Entire document	Review	May 2021	Michaela Kilding

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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

<b>Background</b>	<p>The Trust considers the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its services, whether they are 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. Evidence based guidance and Equality Impact Assessment from Department of Health have been used in developing this policy.</p>
<b>Statement</b>	<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>
<b>Responsibilities</b>	<p>Compliance with the policy will be the responsibility of all LCHS staff. Managers are responsible for monitoring the application of the policy.</p>
<b>Training</b>	<p>Control of Infection Manual handling H&amp;S training Induction (local and corporate)</p>
<b>Dissemination</b>	<p>Website</p>
<b>Resource Implication</b>	<p>Adequate uniform budgets are required to enable a clean uniform to be worn everyday by clinical staff.</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 Trust recognises the diversity of cultures and religions, taking 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 consideration).

The Trust considers the way employees dress and their appearance is of significant importance in portraying a professional image to all users of its services, whether they are 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 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 the Management of Health and Safety at Work Regulations (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 required.

**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**

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.

#### **Risk Assessment:**

Staff must consider the activities that they are undertaking and the conditions and make a dynamic (not recorded) risk assessment to ensure that their clothing and footwear is suitable and does not put them at risk of harm or injury.

In hot weather/conditions, managers may allow staff to wear lighter clothing, or in the case of uniformed staff, cooler alternatives that still meet the requirements of this policy, such as scrubs, to reduce the risk. Staff must be mindful of sun exposure and ensure skin is covered or protected to prevent sunburn.

Proposed future changes to the existing uniform will be subject to risk assessment to ensure that what is selected is suitable and does not compromise any PPE with which it may be worn or activities/procedures that the wearer may undertake. This will involve the H&S Adviser.

#### **Protective Clothing and Equipment:**

LCHS provides staff with appropriate personal protective equipment as outlined in the Personal Protective Equipment at Work Regulations 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:**

Clinical staff must not wear open toed shoes, loose fitting sandals, clog type (backless) shoes and stilettos – all which can contribute to slips, trips and falls and do not support safe moving and handling. This also applies to non-clinical staff when in a clinical environment.

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).

Suede shoes are not suitable for staff to wear as they pose a health and safety risk if soiled by bodily fluids. This also applies to non-clinical staff when in a clinical environment.

### **Body Art, Piercing and Jewellery:**

Consideration should be given to whether visible tattoos could be offensive to others, where they could be 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 e.g. necklaces and hoop style earrings.

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 that 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.

Some staff such as those in preceptorship or specific roles may be identified by coloured lanyards. These are included in the 'Uniform by role' guidance.

## **4. Uniform – Clinical Staff**

See 'Uniform by role' guidance.

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 will have the option to wear shorts and the type and style will be determined by the Trust.

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 and tops or dresses 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. Any deviation from the policy must be discussed and agreed by the appropriate Head of Service/Department and supported by a full risk assessment

involving the Infection Control Team. 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, fleeces 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 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 earrings, 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 so more often than not 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 into 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 and Non-Clinical Staff**

### **Acceptable items of clothing:**

Skirts, trousers, blouses, smart T-shirts, jumpers, cardigans, jackets, dresses, business suits and shirts are all acceptable. Staff will have the option to wear shorts provided these are appropriate.

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 maneuvering 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 60 degrees 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 30 degree wash. (Reference - Uniforms and Work-wear - An Evidence base for developing local policy, Department Of Health)

### **Unacceptable Items of Clothing:**

Jeans, 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:**

If in a clinical role 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.

### **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 uniform 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.

### **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 for staff working in ward based environments 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 Trust 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 Trust 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 as an audit tool. An example of a completed form is attached below.

## **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. Uniform is an important part of the induction process/checklist for all new staff on appointment.

Staff attending internal training such as mandatory are permitted to dress in their own clothes, including jeans if desired, but these should be smart, clean and suitable to undertake the training requirements – some examples may be moving and handling, resuscitation, evacuation.

## **17. Breach of Policy**

Failure to adhere to the policy will constitute misconduct and may result in formal disciplinary proceedings as per the Trust's Your Behaviour Matters – 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](http://www.hse.gov.uk/biosafety/healthcare.htm)

### **Department of Health (2004) Standards for better health Securing Health Together**

[www.hse.gov.uk](http://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.

## 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

### Appendix 3

### Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in *italics*. Email for all correspondence: email to [lhnt.edifirst@nhs.net](mailto:lhnt.edifirst@nhs.net)

<b>A. Service or Workforce Activity Details</b>	
1. Description of activity	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
2. Type of change	Adjust existing
3. Form completed by	Michaela Kilding, HR Advisor
4. Date decision discussed & agreed	June 2021
5. Who is this likely to affect?	Service users x                      Staff x                      Wider Community x  If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
<b>B. Equality Impact Assessment</b>	
<p>Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: <a href="#">age</a>, <a href="#">disability</a>, <a href="#">gender reassignment</a>, <a href="#">marriage and civil partnership</a>, <a href="#">pregnancy and maternity</a>, <a href="#">race</a>, <a href="#">religion or belief</a>, <a href="#">sex</a>, <a href="#">sexual orientation</a>. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.</p> <p>Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).</p>	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	<p>The policy will affect all Trust staff, agency/temporary and bank workers included</p> <p>The policy details guidance in relation to religious or other considerations including employees who may have a disability and / or pregnancy</p> <p>As above the policy includes specific guidance in relation to religious and other considerations in respect of uniform and dress code</p>
2. What data has been/ do you need to consider as part of this assessment?	<i>e.g. Patient data / workforce data / population data / JSNA data etc, broken down by protected characteristics and groups at risk of health inequality.</i>

This form is based on a template produced by Cambridge University Hospitals NHS Trust and used with their kind permission. Draft NHS Lincolnshire EDI System 2.1

What is this showing/telling you?	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>C. Risks and Mitigations</b>	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	No negative feedback
2. What data / information do you have to monitor the impact of the decision?	No impact
<b>D. Decision/Accountable Persons</b>	
1. Endorsement to proceed?	Yes
2. Any further actions required?	No further actions required
3. Name & job title accountable decision makers	Rachel Higgins, Equality and Human Rights Lead
4. Date of decision	June 2021
5. Date for review	June 2023

### Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

#### Checklist

- Is the purpose of the policy change/decision clearly set out?
- Have those affected by the policy/decision been involved?

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- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?